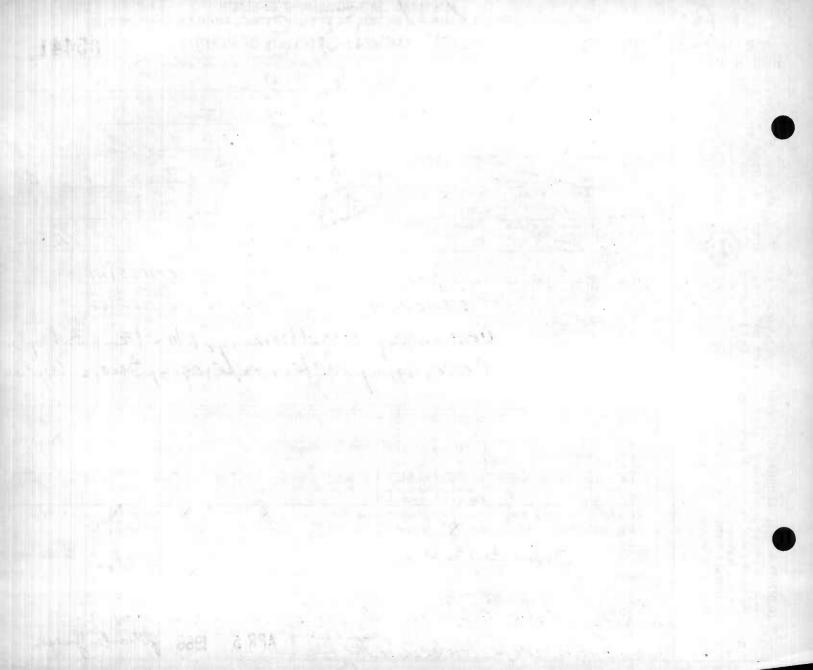
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

		MAR' DIVISION OF STATISTICAL RESE	YLAND STATE DEL ARCH AND RECORDS			LTIMORE 1	, MARYLA	ND
		05439	CERTIFICATI	E OF DEATH	1 27		054	30
	1.	PLACE DF DEATH a. COUNTY	the south of the section	2. USUAL RESIDENCE	E (Where deceased li	ved, If institution	: Residence bei	ore admission)
		Montgomery	MARYLAND		yland.	M	ontgome	
П		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate	ilmits, write RUF	RAL end give n	earest town)
		Olney	2 days		er Spring		15-	PERIDENOE
0		d. NAME OF HOSPITAL DR INSTITUTION (if not in h		d. STREET ADDRESS			0	RESIDENCE N A FARM?
	3	Montgomery General Hosp	Middle	13311 Lest	Andrew D	Month	YES	Year
1	0.	DECEASED (Type or print) Mildred	(NMO)	Acorn	DF		- /	
	5.	SEX 6. CDLOR OR RACE 7. MARRIED	11014	B. DATE OF BIRTH	19. AGE	April In years IFUND		INDER 24 HRS.
		female white WIDOWED	DIVORCED	8/2/91	77	oirthday) Month	s Days H	lours Min.
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	yr	known NONE	Vone	WASH, U	1. C. M	alarad	U.S.A.	
Н	13.	FATHER'S NAME	A 1	14. MDTHER'S MAID	EN NAME		11	
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SDCIAL SECURITY NO. 17.	INFORMANT	-LLA JI	Address .	1006	+ 4
	(Ye	s, no, or unkown) (If yes give war or dates of service)	11-0	dward M Hc	orn 13:	311 Andr	ew Drie	e
	UF	18. CAUSE OF DEATH [Enter only one cause per,i	CALLED IN THE	nospital rec	cords 5	wer Spr	I INTERV	L BETWEEN
		PART I. DEATH WAS CAUSED BY:	shay t	manon!	2001		ONSET	ND DEATH
		4 / X DUE TO	VOISOR 1	1001(110)			-	- Ann
		Conditions, If any, which) (b)			PEL MI			
		gave rise to immediate (cause (a), stating the DUE TD		La				
	Z	underlying cause last. (c)	TANG TO DESTRUCT OUT OF THE	-	NOT DONING THE	AUICH IN DART 1	(a) 19. W	AS AUTDPSY
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	OTING IN DEATH BUT NOT RELA	TED ID THE TERMINAL D	ISEME CONDITION	GIVEN IN PART I	P	RFORMED?
2	읦	20a. ACCIDENT WAS UNDERLYING 1 20b.	DESCRIBE HOW INJURY DCCU	RRED. (Enter nature of	injury in Pert I or	Part II of Item	18.)	ND []
•	CER	20a. ACCIDENT WAS UNDERLYING 20b. DR CONTRIBUTING 20b. CLUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	CAL	20c. TIME OF INJURY Month, Day, Year 20d. I	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	rm, 20f. (City or	town) (County)	(State)
	MEDICAL	Hour a.m. While at worl	- MOL MAILE -	ry, street, office bldg., e	(6.)	1 /	11	
		21. I certify that (I) (this top sta) attend	ed the deceased from		ob pto	\b , 19	, that	(I) (we) last
		saw the deceased alive on	, and that	death occurred at		causes and o		
		22a. SIGNATURE		ATTENDING A	MED. ST	AFF -	DITE SIGNE	161
		22c. PHYSICIAN'S	M.D	PHYS.	DIRECTOR PH	YS. L.I	1	
		NAME (Type) Charles H. Lig	on, M.D.		Sandy Spr	ing, Md.	,	
	23a	BURIAL, CREMATION, 23b. DATE THEREDF REMOVAL (Specify)	23. NAME OF CEMETERY	OR CREMATORY		(City, town or	county)	(State)
	0.6	Burial 121 April 1966	ADDRESS	tery 25a. REC	Washing:	/	ADIC CICNATI	IDE
	14	FUNERAL DIRECTOR SKONGS	1414 yeargia nu	enue	O 4 45 66	200. REGISTR	A. O	a.f.
	UC	arner E. Pumphrey, Inc. S	ilver Spring.	Md. DAPK	2 1 1966	Juan	cas jus	ge -

VR AJ5 (4) 20M 1/65 in a direction West Command Street Co. Transport of Asyll and have a morely on Gracie alest Hone THE THE STATE Figure 1. The same of the same The of xil was it (xil) of enoting the 45-4 A-2 1 306 1 5 V9A

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05440 and 2 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death funeral 1 and o. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE b. COUNTY papers. Pages 1 hin 72 haurs after MARYLAND the b. CITY OR LOWN (If outside conforate limits, write RORAL and give beater town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If oytside corporate limits, write RURAL and give nearest town) in by IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET/ADDRESS hin 72 filled YES NO [carban NAME OF ÷ × Middle First 4. DATE Doy Year campletely DECEASED OF (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED AGE (In years IF UNDER 1 YEAR DATE OF BIRTH IF UNDER 24 HRS. NEVER MARRIED remaye birthdoy) Months Hours WIDOWED DIVORCED and and in ag 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BARTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) attending physician sermit. Then please INDUSTRY COUNTRY 2 13. FATHER'S MAME MOTHER'S MAIDEN NAME 14. ar remaval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dates of service) crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED 8Y ONSET AND DEATH rend difeco signed by IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUF TO burial Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION this certificate NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) factory, street, office bldg., etc.) Hour o.m. While Not While ot work ot work FUNERAL DIRECTOR: After 196630tall 21. I certify that (I) (this haspital) attended the deceased fram (1) 11, 1966 that (I) (we) last 1966, and that death accurred at 5 A.M. from causes and on the date stated above. saw the deceased alive an Clific 2200 SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF M.D. PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 4-16-66 REMOVAL (Specify) Laytonsville, Brooke Grove., 2 2So. REC'D BY REGISTRAR hockville,

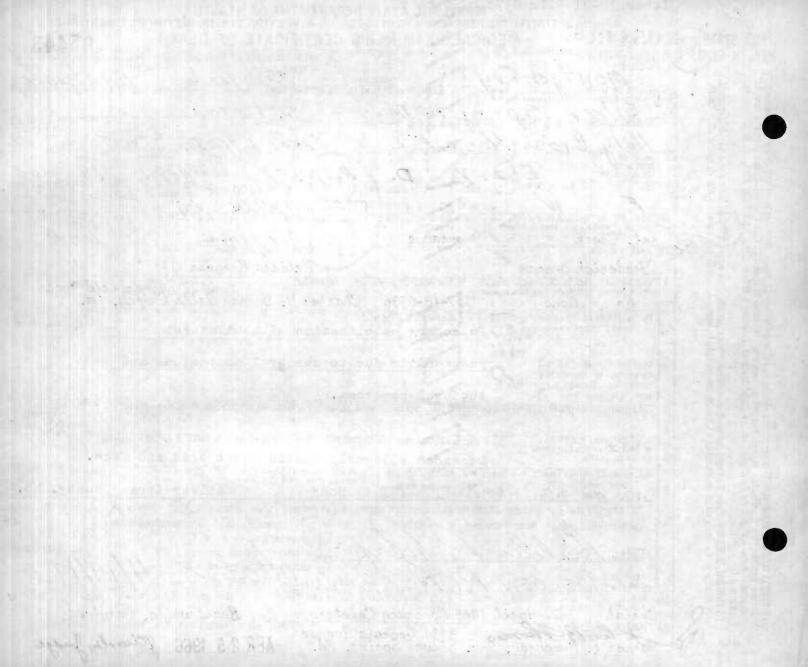
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05441 HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission o. COUNTY a STATE 3 ta Page b COUNTY af. death. MARYLAND b. CITY OR TOWN (If autside corporate limits CLENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) after d. NAME OF HOSPITAL OR, INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS farm haurs YES NO P 24 haurs after death. Office alang with 3. NAME OF Middle Lost DATE Month Dov Year DECEASED OF the within Type ar print DEATH with S. SEX 6. COLOR OR RACE AGE (M IF UNDER YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED vears birthday) Item 18. Manths Days Haurs WIDOWED DIVORCED event 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of warting life, even if retired) INDUSTRY COUNTRY Examiner pencil 13. FATHER'S NAM 14. MOTHER'S MAIDEN MAME be executed within rea 10MOSSINI File and 15. WAS DECEASED EVER W. S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor ar dates of service 17. INFORMANT permit. remayal CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY 10 ward This certificate shauld crematian, DUF TO Canditians, if any, which gove writing the rise to immediate couse (a), DUE TO stoting the underlying couse O lost. burial, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? the certificate. YES X NO p 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) agent, priar 3 shauld PRIMARY ar CONTRIBUTING shauld **EXAMINER:** CAUSE OF DEATH 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page While Nat While please execute of work at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X ond in my opinion Natural causes Suicide death resulted from: Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 10 **EXAMINER'S** Health NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d/AQCATION (City or Town) (State) (County) 0 REMOVAL (Specify) DUUT N6702 FUNERAL DIRECTOR VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY by the ontgeme. MARYLAND b. CITY OR OOWN (if outside corporate limits, c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town = ma rark bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO carbon NAME OF First Middle Last DATE Month Day Year DECEASED (Type or print) DEATH 1966 executed 5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. ACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED Months Days Hours WIDOWED [DIVORCED S -05 TOa. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR ician 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? attending physic ermit. Then plea on, or removal, an FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES d by the attend transit permit. cremation, or r 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating as th underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? NO YES the hospital 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. Enter nature of injury in Part 1 or Fart II of Item 18.) detached f OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After d be d While Not While Page 4 may be retained by at work at work DIRECTOR: At age 3 should lied with the S 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 254M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNAPURE 22b. DATE SICNED O FUNERAL D director, pag should be file M.D. PHYS. DIRECTOR PHYS. PHYSICIAN'S 22C. 22d. ADDRESS NAME (Type) INIJERS BURIAL, CREMATION, LOCATION (CIty, town 23d. or county) 2 REMOVAL (Specify) Apr.6,1966 Berea Church Cemetery Stafford REC'D BY RECISTRAR 25b. VR A15 (4) 20M 1/65

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2000	I	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MAR	VIAND
FOR STATE	1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05443
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n 18. n 18. s along pages in any	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
44 hours after death. Item 18. Give Pages Office along with form	15	Frederick Duncan Melissa Burgess 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 2027 C Address 1 - 1	1 10 1
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l within 2 pencil in miner's 0 permit. I removal,	-		INTERVAL BETWEEN
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uld be ef Me ef Me a buri		cause (a), stating the DUE TO	
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EXAMINI the certific should be r files. STOR: Page designated		21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	and in my opinio
the the CTOR desi		death resulted from: Natural causes Accident, Suicide, Homicide X, Undetermined manner L	
4 3 111		ACTUAL SIGNATURE DELCLE X DECAP M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
Y MEDIN execute Page I for you IAL DIRI		EXAMINER'S B = 1000 P P P D M DEPUTY MEDICAL EXAMINER \$ 4/19	11961
		NAME (Type) (26206) / CAP / Will, Address (Street, city, town, or county)	1 100
of Healt	23.	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 22 April 1066 Monocacy Cemetery Beallsville, Maryl	
	24	4. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	
VR AISME (5)	-	Warner E. Pumphrey, Inc. Silver Spring, Md. DAMPR 25 1966 gCharle	Judges



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ter thi be deta tate D	MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 while p.m. 19 at work at work	ity) (State)
		21. I certify that 10 (this hospital) attended the deceased from March 21, 1966 to April 5, 1966	that ((we) las
3 sh with		22a. SIGNATURE	e date stated above TE SIGNED
ay Dig		M.D. PHYS. DIRECTOR PHYS. X 5 Ap	ril 1966
MERA d be	1	NAME (IVNA)	
o Figure Shou	2	REMOVAL (Specify)	
	-	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
A15 (4) M 4-64			Judge
ALL	TO FORTH TO THE CONTROLL OF THE CONTROL OF THE CONT	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please temore carbon papers. Pages 1 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M. CERTIFICATE OF DEATH 1. PLACE BY PEATH 2. COUNTY MONTE OMETY MONTE OF PEATH 2. COUNTY MONTE OF PEATH 3. COUNTY OR TOWN (if outside corporate limits, write RURAL I at the peating of the peath of the peat

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requires that the diding physician. been signed by the the burial-transit.	crem		PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bron	chopneumonia				12 hours
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ten ten	prior	No	PART II. OTHER		C)NS CONTRIB	UTING TO DEATH BUT NOT RE	LATED TO THE TERMINA	AL DISEASE CONDITIO	N GIVEN IN PART 1(a)	19. WAS AUTOPSY
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CIAN: The ospital or a certificate hed for use	至 人	CERTIFICATION	2Da. ACCIDENT			DESCRIBE HOW INJURY OC	CURRED. (Enter nature	of Injury In Part I o	r Part II of Item 18.	Tuesday Land
PHYSICIAN: the hospital this certifi detached fo	te Dept. of		OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEAT TIFY MEDICAL EXAMIN	ER)					
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	State	MED	Hour a.i		While at wor	Not while	,,			
E A A C	3 00		21. I certif	y that 10 (this hospi	tal) attend	ded the deceased from E	ebruary 27	1966, to Ap	ril 13, 196	6_, that 🕷 (we) last
ATTENDI retained CTOR: A	量			ceased alive on Ar	oril 1	3 1966, and th	at death occurred a			he date stated above.
OR De r	× ×		22a. 81GNATU	Pliam	1/	Hener.	ATTENDING	MED. S	TAFF	April 1966
TAL may	filed		22c. PHYSICIA	AN'S		7 N	.D. PHYS. 22d. ADDRESS	The Clinic	al Center.	National
SPIT 4 F	d b		NAME (T	ype) Willian	D. H	eizer, M.D.		es of Heal		
TO HOSPITAL OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR:	should be	238	BURIAL, CREM	MATION, 23b. DATE T	HEREOF	23c. NAME OF CEMETE			ON (City, town or con	
2-5	- 67		Burial .	-tranist 4	/13/	66 Gate of	Heaven Ce	Hanos	er, New	Jersey
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please reprove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		U5446 CERTIFICATION	TE OF DEATH	15446						
	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Ri a. STATE . b. COUNTY	esidence before admission)						
		Montgomery MARYLANO	Virginia							
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)						
		Takoma Park 19 days	Richmond	83.3						
1	1.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address		e. IS RESIDENCE ON A FARM?						
"	4	lashington Jan. + Hospital	4709 Caldwell Ave.	YES NO X						
	3.	NAME OF First Middle DECEASED (Type or print) Bertie Mae	Anderson 4. DATE Month OF DEATH 4	0ay Year 30 1966						
	-	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO	8. OATE OF BIRTH 9. AGE (in years IF UNDER last birthday) Months							
		emale white widowed widowed	8/22/87 78 yrs.	Oays Hours Min.						
c	during most of working life, even if retired) INDUSTRY									
	13	FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	.5.4.						
		Isaac L. Hughes	Mundy, ELLEN							
	15	. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17	. INFORMANT Address							
	(16	ss, no, or unkown) (If yes give war or dates of service) 301-07-9/2.	Wash San + Hosp Records							
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	~ / /	INTERVAL BETWEEN						
		PART I. DEATH WAS CAUSED BY: Tulliquary	Embolisin	ONSET AND DEATH						
		545 X DUE TO H	o 1. for and and	' '						
		Conditions, If any, which gave rise to immediate (b)	2 Arterioselevosis							
		cause (a), stating the underlying cause last. OUE TO Obstance too	a of Duodeauw							
1	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?						
	ICA			YES NO						
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Part II of Item 18.							
	'AF	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. Pl	LACE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)						
Н	MEDICAL	Hour a.m. While Not While fac	ctory, street, office bldg., etc.)							
	2	21. I certify that (I) (this hospital) attended the deceased from	chail (8 , 1966, to April 30, 196	G. that (I) (we) last						
		A 1	at death occurred at O M, from the causes and on the							
	1	22a. SIGNATURE	22b. , D/	ATE SIGNED						
	19		ATTENOING MEO. OIRECTOR PHYS.	430,1966						
		22c. PHYSICIAN'S LYSIE Williams.	831 University Blud E Si	loer Sprag Rel						
	232	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	RY OR CREMATORY 23d, LOCATION (City, town or cou							
	200	REMOVAL (Specify) S-1-66 MAURY	CFM. Richmond	VIRUNIA						
	24	FUNERAL DIRECTOR TOSEPH W. BLILEY ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR							
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X	16		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MA	RYLAND
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deat	the atten t permit. ation, or I		No None 579-34-6112 Madeline J. Anderson Silver Sprin	ig, Md.
the	DO E		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
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ires	pury buri buri		conditions, If any, which gave rise to Immediate (b) Pulmonary Kozma	9
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PHYS	of the nos liter this co be detache State Dept.	MEDICAL	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)	ty) (State)
NG S	After d be c	ME	p.m. 19 at work at work	
ATTENDIN	OR: Jould		21. I certify that (I) (this hospital) attended the deceased from April 3 , 1964, to April 16,966 saw the deceased alive on April 16, 1966, and that death occurred at 1154M, from the causes and on the	-, -, -, -, -, -, -, -, -, -, -, -, -, -
R AT	RECT 3 sl		22a. SIGNATURE / 22b. DAT	
AL O	L DII		22c. PHYSICIAN'S ATTENOING MEO. STAFF PHYS. OIRECTOR PHYS. 4	18/66
O HOSPITAL	NERA Stor, Id be		22c. PHYSICIAN'S (harles Farwell, M. D. 22d. AOORESS 11406 Viers Mill Rd., Whea	ton. Md.
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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Amay be retained by the hospital or attending physician.	director, page 3 should should be filed with the	1	22c. PHYSICIAN ⁴ NAME (Type		shem	22d. ADDRESS 50 W. Ed	lmanston	Dro, Ro	ckvill	e, Md.	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05449 CERTIFICATE OF DEATH funeral and 2 hours after death. deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Pages 1 urs after 190 MERL MARYLANO b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ve carbon papers. Page event, within 72 hours write RURAL and give nearest town) weeks = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS etely executed within completely ove carbon I 3. NAME OF First Middle DATE Last Month DECEASED OF DEATH (Type or print) LUGONO and con DATE OF BIRTH GABL 5. SEX 6. COLOR OR RACE 8. AGE (In years | IF UNDER 1 YEAR | F UNDER 24 HRS last birthday) | Months | Days | Hours | Min. 7. MARRIEO NEVER MARRIEO Months | Days WIOOWED | OIVORCED [nding physician a Then please re removal, and in a 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? pe wentigator. alvart Loan liampout Marylan d death certificate 13. FATHER'S NAME MOTHER'S MAJOEN NAME attending parmit. Then James Eugene Ardinger Ida Patton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. 0 (Yes, no, or unkown) (If yes give war or dates of service) transit perm cremation, Thelma Devani les 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] that the þ -transi PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) been significant to burial-tra signed **OUE TO** law requires Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. 38 (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health certificate this certefed for PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While After Not While Stat at work at work p.m. be retained DIRECTOR: A age 3 should lied with the D 1963 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 2:10M. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. OATE SIGNED page ATTENOING MED. OIRECTOR PHYS. 4 may HOSPITAL FUNERAL PHYSICIAN'S director, p should be f 22d. ADORESS NAME (Type) Georgia Ave. 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOVAL (Specify) 2 Arlington National (em. FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25a. 25b. wer.

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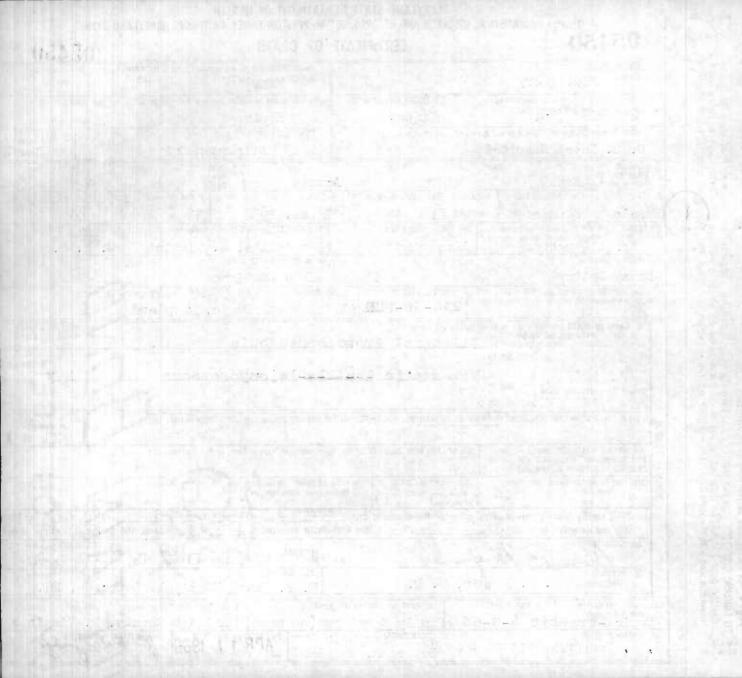
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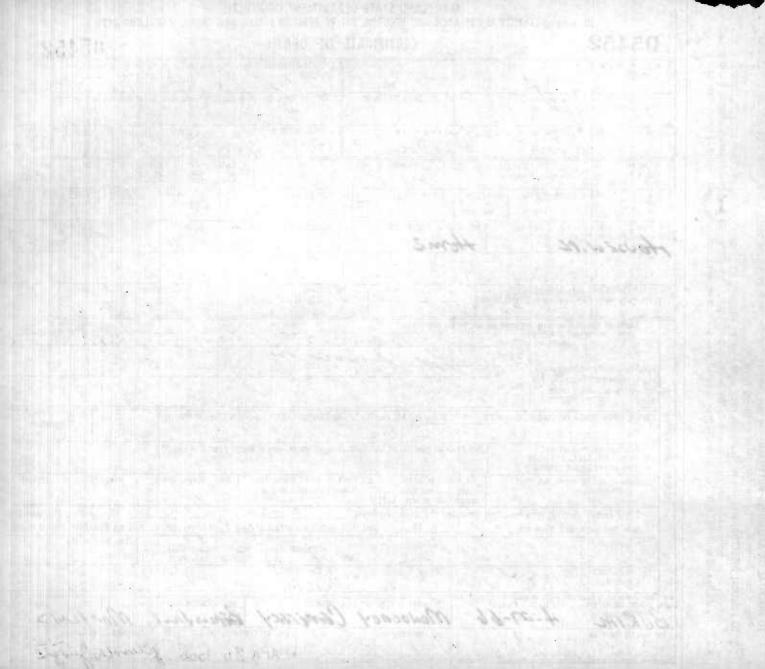
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05450 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death filled in by the funeral papers. Pages 1 and thin 72 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE Maryland Montgomery b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Bethesda (rural) 36 days Bowie d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? within 72 filled U. S. Naval Hospital 12625 Millstream Drive 26 YES NO NAME OF pou First Middle Last 4. DATE Month Year Day and completely OECEASED Pettry Arnett 1966 (Type or print) Nancy April DEATH SEX 9. AGE (In years 6. COLOR OR RACE 8. OATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIEO IF UNDER 1 YEAR remave last birthday) Months Hours any Caucasian 21 Feb. 1935 Female WIOOWEO DIVORCEO 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) physician on please **INDUSTRY** COUNTRY? pup School teacher Packsville, W. Virginia Education S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal. Dewey Pettry Icie Williams attending p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 12625 Millstaden Drive (Yes, no, ar unknown) ((If yes give war ar dates af service) 234-56-8121 Alvin Arnett, Bowie, Maryland crematian, 18. CAUSE OF OEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) Bilateral Bronchopneumonia þ Page 4 may be retained by the haspital ar ottending physician. signed b DUF TO Canditians, if any, which gave (b) Metastatic levi leviejomyosarcoma rise to immediate cause (a), DUF TO stating the underlying cause as the has been last. use as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? of Health FUNERAL DIRECTOR: After this certificate YES XX NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour a.m. Not While factory, street, affice bldg., etc.) at wark at work 21. I certify that (A) (this haspital) attended the deceased fram March 2 1900 , 1900, that (1) (we) las APTIL , ta director, page 3 should should be filed with the 1966, and that death accurred at 318P M, fram causes and an the date stated above saw the deceased alive an April 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. April 8,1966 M.O. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. AODRESS R. B. Modain, M. D. NAME (Type) S. Naval Hospital. Bethesda. Md. 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) Burial-transit 4-8-66 Raleigh County, W. Virginia 9 Family Cemetery (no name PR 1 1 1966 25b REGISTRAR'S SIGNATURE 24. FUNERAL OIRECTOR 75 ADDRESSisconsin Ave VR A15 (4) 20 M 1/66 A. Pumphrey Funeral Home Bethesda, Maryland



2		1	1		MARYLAND STATE DEPARTMEN DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PR	NT OF HEALTH	MADVIAND
1		= 4 E	9		05451 CERTIFICATE OF DI	EATH	15451
TO	after death	funeral and r death.		1.		RESIDENCE (Where deceased lived, If institution:	Residence before admission)
	ler (e fu			MONTS AMERICA MARYLAND 8. STATE	b. CDUNTY	+Gamea.
	aff.	ages ages s af				TDWN (If outside corporate limits, write RUR	At and give nearest fown)
	nours	in l			SILVER SPRING 10 days SII	LUER SPRING	15-1
	24 hours	apers 72	0		d. NAME DF HOSPITAL OR INSTITUTION (if not hospital, give street address) d. STREET A	IDDRESS	e. IS RESIDENCE ON A FARM?
		ely f	0	3.	NAME OF First Middle Last	EAST SCHUYTER	YES NO
	executed within	completely filled in by the ive carbon papers. Pages 1 event, within 72 hours after			DECEASED (Type or print) Gus J. Rahe	4. DATE Month DF DEATH	Day Year
	uted	con eve		5.	SEX 6. COLDR DR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BI	IRTH 9. AGE (In years IFUNDI	ER 1 YEAR IF UNDER 24 HRS.
	9	physician and com please remove c		10-	m widdwed Divorced 15/1	6/84 Pyrs. Months	Days Hours Min.
	0	crant ase nd in		dur	USUAL DCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS DR INDUSTRY 11. BIRTHPI 12. STAUTANT DUSINESS		CITIZEN OF WHAT COUNTRY?
	ate	ple ple al, al				CECE R'S MAIDEN NAME	U.S.A.
	death certificate	attending physician a ermit. Then please re on, or removal, and in				ata Retsinas	
	L Ce	tendi nit. or re		15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT, no, or unknown) ((fryes give war or dates of service)	Address	
	deat	e att			222-09-796 A ouis Ba	best same as #2	
	he	y th sit		-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
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	es t	sign urial urial			Conditions, If any, which) Diabeter mell	15/11.	make are
	ng	een he b to b			gave rise to Immediate cause (a), stating the DUE TO		Trang grs
	w re	as b as ti		_	underlying cause last. (c)		
	r att	te h use Ith p		ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER		19. WAS AUTOPSY PERFORMED?
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	ICIA	cert hed it. of		CER	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HDW INJURY DCCURRED. (Enter n or contributing cause of death (if either, notify medical examiner)	factore of injury in Part 1 or Part 11 or Item 1	0.)
	HYS he h	this letac Dep		MEDICAL	20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY ((Home, farm, 20f. (City or town) (Ci	ounty) (State)
	NG by	fter be d State		MED	Hour a.m. p.m. While Not While at work at work	a bidg., etc.)	
	ENDI	R. A buld the			21. I certify that (I) (this hospital) attended the deceased from	, 1960 to 4/10 , 19	66, that (I) (we) last
	ATT reta	sh sh			saw the deceased alive on 4//0 1966, and that death occurr	red at///45 M, from the causes and on	the date stated above. DATE SIGNED
	De o	Dise led			Blance H. Fig/848. M.D. ATTENDING		11/66
	TAL	RAL r, pe be fi	1		22c. PHYSICIAN'S 22d. ADDR	DRESS	ver Spring
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the at director, page 3 should be detached for use as the burial-transit pern should be filed with the State Dept. of Health prior to burial, cremation,		020	Blaine H. Eig 8641	<u> </u>	
	TO I	dir		23a.	BURIAL, CREMATIDN, 23b. DATE THEREDF 23c. NAME OF CEMETERY DR CREMATDR REMOVAL (Specify)		
				24.	burial 4/13/66 Ft Lincoln Cemet.	ery Prince George: 5a. REC'D BY REGISTRAN 25b. REGISTRA	s County, Md
		A15 (4)			he D. H. Hines Co. 2901-14 St. 4. 8h. 10	APR 12 1966 Scharl	es Judge
	ZUM	1/65	42		ytashington All		U

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1 6/1 6	Division of STATISTICAL RESEA	MARYLAND STATE DEP ARCH AND RECORDS, 301	ARTMENT OF HEALTH W. PRESTON STREET, BALL	IMORE, MARYLAND 212	01
T W (M)	05452	CERTIFICATE		1	15452
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death e haspital ar attending physician. his certificate has been signed by the attending physician and completely filled in by the funeral stacked far use as the burial-transit permit. Then please refract orbon papers. Pages 1 and 2 Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after death	1. PLACE OF DEATH a. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where dece	psed lived, if institution: Residence	before admission)
haurs affe n by the S s. Pages haurs aft	b. CITY OR TOWN (If autside carps are limits, write RURA) and give naturest tawn).	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carpa	rate limits, write RURAL and give	negrest tawn)
filled in papers.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital of	give street address)	d. STREET ADDRESS Role	ston Rd	e. IS RESIDENCE ON A FARM? YES NO
d withi	3. NAME OF DECEASED (Type or print) Harriet	A. Bal	engton 4. DATE OF DEATH		Doy Year 19 66
nd com	S. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	DIVORCED .	DATE OF BIRTH 4/28/1878	87 Yrs.	Days Hours Min.
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eath certific ending phys nit. Then p or remaval,	13. FATHER'S NAME Homas L	evin	14. MOTHER'S MAIDEN NAME	Irundle	
ne death ce attending permit. The ian, or remo	(Yes, no acuaknown) (If yes give war or dotes of service)	do	FORMANT Eughteo - C	Inna Bale	ngton
that the an. by the ransit p	18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(o), (b), and (c).)	I (Recenta	mputateda	ONSET AND DEATH
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e law re tending as been as the priar ta	stating the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING.	O DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE CONDITION CIV	/FN IN PART 1/a)	T19 WAS AUTOPSY
AN: The last of arter transfer use as Health prince	urinary fo	uluve	nter noture of injury in Port I or Po		19. WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN: The law rethe haspital ar attending this certificate has been detached for use as the e Dept. af Health prior ta	THE CHINEK, NOTH THE DICKE EXAMINER)		OF INJURY (Hame, farm, 20f.	(City ar tawn) (Coun	nty) (State)
DING Pl by the After this be deto State Do	Hour o.m. 19 While at wart 21. I certify that (I) (this hospital) attention	Nat While factor	y, street, office bldg., etc.)		Athot (1) (we) las
R ATTENDING retained by the ECTOR: After 3 shauld be d with the State	saw the deceased alive on	19, and that	death accurred at 1:00 P.	M, from causes ond on the	e dote stated abave
ITAL OR ATTEN may be retained RAL DIRECTOR: A page 3 shauld be filed with the	20. PHYSIAN'S	ble M.D.	ATTENDING MED. DIRECTOR 22d. ADDRESS	STAFF PHYS. 0	C-23-66
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far u shauld be filed with the State Dept. af Healt	NAME (Type) / O ATE THEREOF	DOEN MY	10511 SUMMI EMATORY 23d I	OCATION (City or Town)	County) (State)
A .	24. FUNERAL DIRECTOR	MONOGAUY C	EMETER! BEA	TRAR 25b. REGISTRAR'S SIG	RYLAND GNATURE
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Pages 1 and

MARYLAND STATE DEPARTMENT OF HEALTH

		Division of STATIST	ICAL RESEA	RCH AND RECORD	s, 30	OI W. PRESTON STRE	ET, BA	LTIMORE, MARY	AND 21	201		
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1.	PLACE OF DEATH					2. USUAL RESIDENCE (nce befor	e odmissi	on)
	o. COUNTY	Montgomery		MARYLA	ND	o. STATE Wast	ing	ton, D. b. EOU	NTY		1	
П		If outside corporate limits,		c. LENGTH OF STAY IN	lb	c. CITY OR TOWN (If ou				e neores	t town)	
	Bethese	da (rural)				Was	hin	gton		- 4	47 -	7
	d. NAME OF HOSPIT	AL OR INSTITUTION (If not	in hospital, g	ive street oddress)		d. STREET ADDRESS					e. IS RESI	
	U. S. Na	aval Hospita	al. Bet	hesda, Md.		4716 47th	Stre	eet N. W.			YES	NO K
3.	NAME OF	Firs	it	Middle		Lost	4. DA		th	Doy	Ye	ar
	DECEASED (Type or print)	Harry		Willard	Ba	iley	OF DEA	ATH April	16			66
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		8. DATE OF BIRTH		9 AGE (In years	IF UNDER Months	1 YEAR Doys	IF UNDE	R 24 HR
	Male	Caucasian	WIDOWED	DIVORCED		30 Jan. 188	8	78 AGE (In years pirthdoy) yrs.				741411
	o. USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& Stote, o	or foreign country)	12. CI	TIZEN O	WHAT	
uui		vy retired	TIVI	D031K1		Bristol, I	Pa.		Ü	UNTRY S	. A.	
13	. FATHER'S NAME					14. MOTHER'S MAIDEN				300	- 4	
		R. Bailey				Margaret	Co:	crothers				
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	service) 16. S	SOCIAL SECURITY NO.		INFORMANT		4716Addr				=()
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16		EATH (Enter only one cous					1,,				ERVAL BET	
	0-1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bronchial pneumonia							ON	DLI AND I	JLAIN	
	334,	DOL		2 2 4 1								
	Conditions, if any	1 (0) 021103 0	J	rebral Arte	eri	osclerosis				-		
	stoting the unde	rlying couse										
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NO	PART II. OTHER SI	GNIFICANT CONDITIONS CO	NTRIBUTING T	O DEATH BUT NOT RELAT	ED TO	THE TERMINAL DISEASE COI	IDITION (GIVEN IN PART 1(a)			WAS AUT PERFORM	OPSY _
S										Y	ES 📉	NO [
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCI	JRRED.	. (Enter nature of injury in	Port I or	Port II of item 18.)				
MEDICAL	20c. TIME OF INJU	JRY Month, Doy, Yeor				ACE OF INJURY (Home, form		of. (City or town)	(Co	unty)		(Stote)
ME	Hour o.r	10	While of work	Not While of work	to	ctory, street, office bldg., etc.						
	21. I certi	fy that (I) (this has	ital) attend	ded the deceased fr	am_	April 3	9 66	, to April	16, 19	66, tl	nat (I) (we) I
	saw the d	eceased alive an	pril]	6 19 66, an	d the	at death accurred at	15 /	M, fram causes	and an t	he dat	e state	d aba
	220. SIGNATURE	0				ATTENDING -	MED.	STAFF 14		ATE SIGN	IED 10	66
	1	Emer front	2000	warrely)	M	I.D. PHYS.	DIRECTO	R PHYS.	TO .	wbr.]	1 19	00

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and directar, page 3 shauld be detached far use as the burial-transit permit. The please remave carbon papers. Pages I am should be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after dep

BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF

24. FUNERAL DIRECTOR
Joseph Gawler & Son

23c. NAME OF CEMETERY OR CREMATORY Arlington National

Washington,

23d. LOCATION (City or Town) (County) Virginia Arlington.

(Stote)

22d. ADDRESS U. S. Naval Hospital Bethesda, Md.

PR 20 S 2Sb. 1966

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ALL STANK BOT OF SALE STANKS

DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY, hours after MARYLAND by the b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) event, within 72 hours Silver Spring Kensington = papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE led ON A FARM? 9920 Moss Avenue YES NO completely we carbon p executed within NAME OF Middle DATE Month DECEASED DF 1966 (Type or print) DEATH homas ise remove 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | last birthday) | Months | Days | Hours | Min. 8. any WIDDWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF and in 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Ket. Builder & Contractor certificate or removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO 17. INFORMANT Moss Huenne death (Yes, no, or unkown) (If yes give war or dates of service) 578-16-7118 Rosalie Vone cremation, Delbu 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN burial-transit burial, cremat HE ART ONSET AND DEATH CONGESTIVE FAILURE à PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed DUE TO ARTERIOSCLEROFIC HEART Conditions, If any, which been gave rise to immediate DUE TO ARTERIOSCLE ROSIS cause (a), stating GENERALIZED prior underlying cause last. this certificate has 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUY NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health PERFORMED? ARTERIOSCLE ROSIC NO X YES 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) ō OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20 a. PLACE OF INJURY (Home, farm, 20f. (Clty or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. While Not While at work at work . to APRIL retained 21. I certify that (I) (this hospital) attended the deceased from JAN VARY 13. 1965 that (1) (we) ast TO FUNERAL DIRECTOR: and that death occurred at 2 10 PM, from the causes and on the date stated above. 1966 saw the deceased alive on APRIL 22a/ SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. STAFF PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRÉSS director, p NAME (Type) AVE, BETHES DA Page 4 I LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY 23d. REMOVAL (Specify) Lincoln XXX Cemetery SUM1a. Prince Genrae REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DURECTOR Georgia Hvenne VR A15 (4) Inc. Pumphreu wer soring. 15M 4-64

NEWSTERN - ANDERS SENTENDER OF TOTAL PROSERVE TOPE TOPINES TOPINES He With x x with 1679 86 the second of the second of the second of the second William Edwin Entler Karthayn Eboles A CONTRACTOR OF THE PROPERTY O

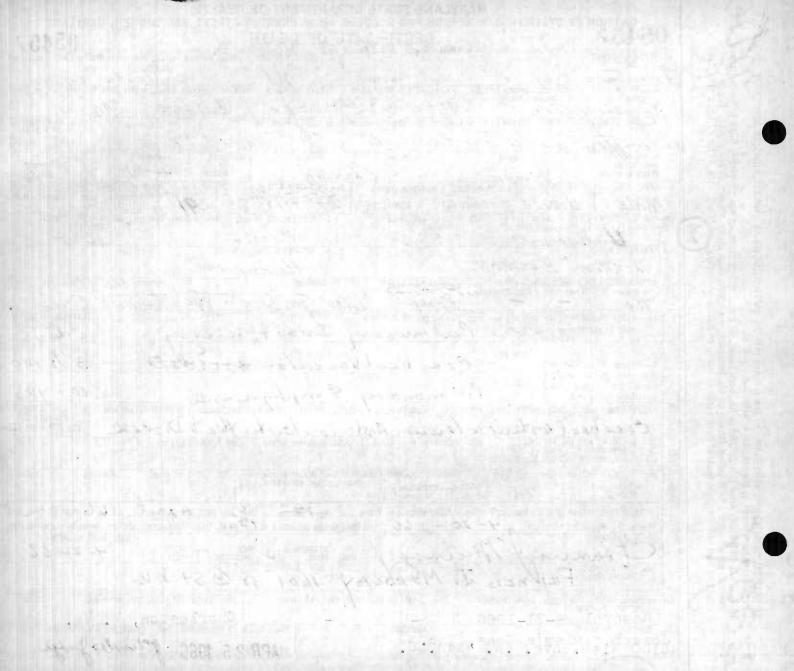
MARYLAND STATE PARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 05455 funeral and 2 death 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Montgomery Marvland Montgomerv MARYLAND Pages b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) oon papers. Pag within 72 hours D.O.A. Silver Spring Rockville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS Apt. 718 ON A FARM? 261 Congressional Lane NOT Holy Cross Hospital YES letely pou DATE Year NAME OF Day Middle DECEASED event. (Type or print) CHARLEY BARBER DEATH April AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH remove 1895 Male WIDOWED [DIVORCED [12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) Ξ 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR physician during most of working life, even if retired) **HNDUSTRY** COUNTRY? Supervisor Inventory U. S. Gov. Mintonville. Kentucky certificate 0 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending I Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Congressional La. 16. SOCIAL SECURITY NO. transit permit. death (Yes, no, or unkown) (If yes give war or dates of service) 577-60-3580 Marie P. Barber Rockville, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH requires that the signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial, DUE TO buri Cenditions, If any, which been gave rise to Immediate the l DUE TO cause (a), stating the prior Exal underlying cause last. 38 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate [6 YES 0 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING ö d: OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. detache 0 Z (County) (State) 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. with MEDI While Not While After at work at work P 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Jage 3 should liled with the and that death occurred at. M. from the causes and on the date stated above. saw the deceased alive on work יס 22b. DATE SIGNED eare 22a. SIGNATURE page DIRECTOR M.D. TO FUNERAL PHYSICIAN'S 22d. director, p NAME (Type) Edmanston Dr. Rockville, Md. Barton 1. 23d. LOCATION (City, town or county) (State BURIAL, CREMATION, REMOVAL (Specify) Burnal DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23b. April 1966 Arlington National Arlington. (em. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Inc. Pumphrey, VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH

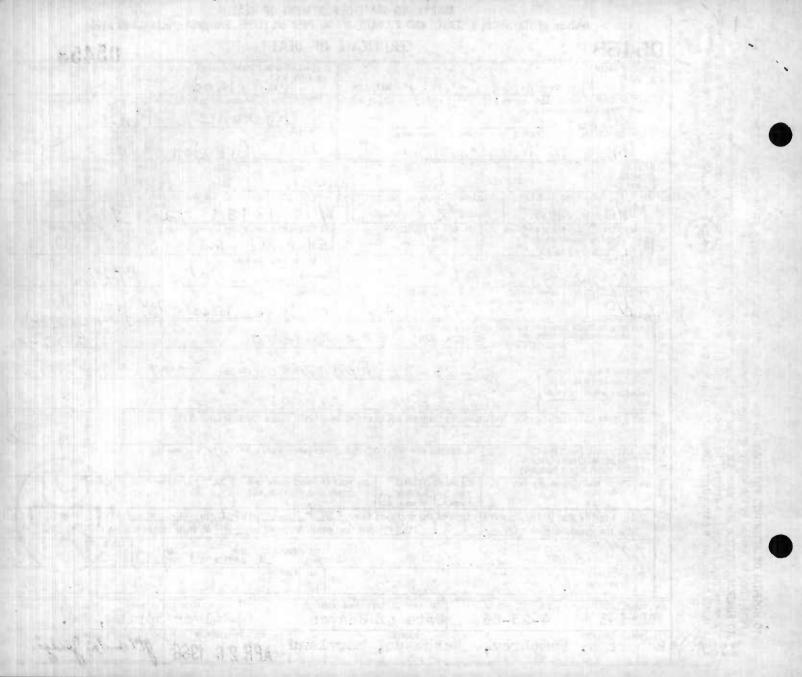
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY hours after the MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits, write RUBAL and give rearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) event, within 72 hours Musicatock .= d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE filled ON A FARM? autarelled YES NO X etely completely we carbon 3. NAME OF DATE Month Day Year Middle Last DECEASED 19 (Type or print) DEATH 45M 5. SEX 6. COLOR OR RACE DATE-OF, BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 9. 7. MARRIED [NEVER MARRIED Months Days Hours any and WIDOWED 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician lease INDUSTRY COUNTRY? SA WSSIA death certificate 0 FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending permit. Then MORRIS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) 3233455URL 17. INFORMANT 0 cremation, the INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] burial-transit burial, cremat ONSET AND DEATH certificate has been signed by PART I. DEATH WAS CAUSED BY: do IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last, CERTIFICATION WAS AUTOPSY THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 119. detached for use and the Dept. of Health p PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED PERFORMED? YES T NO 4 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Part !! of Item 18.) State Dept. TO FUNERAL DIRECTOR: After this MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work et work be retained should 21. I certify that (I) (this hospital) attended the deceased from 4-20-1966, and that death occurred at 122 AM, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a_ SIGNAPURE ATTENDING PHYS. page MED. DIRECTOR M.D. Page 4 may 22d. ADDRESS PRYSICIAN'S 22c. director, p NAME (Type) 0 (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOVAL (Specify) Charleston Removal 25b. REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR I FUNERAL DIRECTOR Joseph S Ave NS was awl VR A15 (4) 15M 4-64

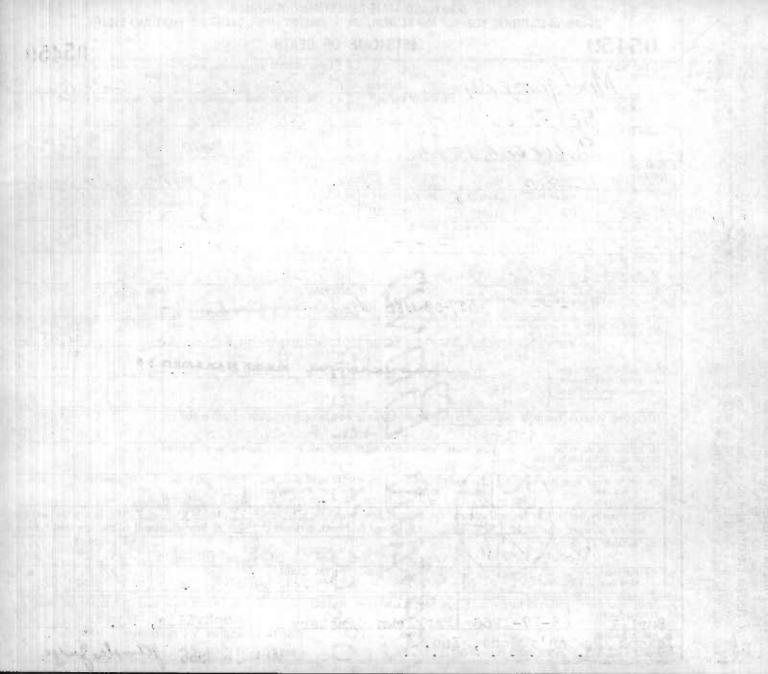


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05458requires that the death certificate be executed within 24 hours after death the attending physician and campletely filled in by the funeral sit permit. Then please-reamave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE N a. COUNTY b. COUNTY ount MARYLAND b. CITY OR TOWN (If outside cocharate limits.) c. LENGTH OF STAY IN 16 autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Kockville d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) 203 iversit 9 YES NO V 3. NAME OF Middle DATE Month Year Lost Doy DECEASED treci OF DEATH Pril ·eo 9497 19 66 (Type or print IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Ellettsville Indiana 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, ar remaval, 16. SOCIAL SECURITY NO INFORMANT Address (If yes give war or dotes of service) Beall James Woods 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).
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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05459 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death filled in by the funeral papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside carborate limits. c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn THESDA INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO P 3. NAME OF DECEASED Middle DATE First Last Month Doy Year OF DEATH BECKWITH (Type or print) 196% S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Hours Days DIVORCED WIDOWED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during nost of working life, even if retired) INDUSTRY COUNTRY? 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAM ewell **INFORMANT** WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, prynknawn) (If yes give war ar dates af service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause the has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION NO O FUNERAL DIRECTOR: After this certificate tar 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Manth, Dov. Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (Caunty) (State) Hour a.m. Nat While factory, street, affice bldg., etc.) at wark be retained by 21. I certify that (I) (this haspital) attended the deceased framula saw the deceased olive on G 1966 and that death accurred at 7 M. fram causes and an the date stated obave. 22o. SIGNATURE 22ba DATE SIGNED ATTENDING director, puy DIRECTOR M.D. PHYS. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. toCATION (City or Town) 23a. BURIAL, CREMATION. 23b. DATE THEREOF (County) (State) REMOVAL (Specify)
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1/14		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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ATTI reta ECTO 3 sho with		saw the deceased alive on 23 1965, and that death occurred at EAM, from the causes and on the date stated above.
y be DIR	1	Plemme Olver M.D. ATTENDING MED. STAFF PHYS. 14-24-66
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VR A15 (4)		24. FUNERAL DIRECTOR REGISTRAN SIGNATURE APR 27 1966 / Charles There's Signature
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FOR STATE HEALTH DEPT.

may be cessary, funeral 2 with the State Department within 72 hours after death. S O DEPUTY MED EXAMINER. This certificate should be executed within 24 hours after death. If any delay please execute one certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page retained for your files. used as a burial-transit permit. File pages 1 apd to burial, cremation, or removal, and in any event TO FUNERAL DIRECTOR: Page 3 should be of Health or its designated agent, prior

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

19409 MEDICAL EVAMILIARY 2	SERTIFICATE OF SEATH
1. PLACE OF DEATH a. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Mathyland b. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring /6 - /
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
8103 Eastern Avenue	8103 Eastern Avenue
	rkowitz 4. DATE Month Day Year State Month Day Year Month Day Year Month Month Day Year Month Month
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED E Female White WIDOWED DIVORCED	2/15/1892 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Min.
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) Housewife	Poland 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
No None S	on- Maurice Berk
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO DUE TO DUE TO	nary Dusufficiency INTERVAL BETWEEN ONSET AND DEATH OLISEARE.
Underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEN? YES NO RRED. (Enter nature of injury in Part 1 or Part 11 of Itam 18.)
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
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21. I certify that Look charge of the remains described above, hel death resulted from: Natural causes Accident , Sui	d an Autopsy, Inspection, Inquiry, and In my opinion cide, Undetermined manner CHIEF MEDICAL EXAMINER
EXAMINER'S Belden R. Reap, M.D.	Address Street, City, town, or county Pull 6, 1966
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DURING 4-8-66 WOASH HEREOR	LONG. CEM. WASHINGTON D.C
24. FUNERAL DIRECTOR ADDRESS GOLDBERG FUNERAL 1 tome 42179m57	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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	100		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.	ARYLAND
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24 hours a	Mely filled in by the 1 book papers. Pages 1 within 72 hours after		write RURAL and give nearest town) PILVER SPRING A. NAME OF HOSPITAL OR INSTITUTION OF not in hospital, give street address) ACU CROSS HOSPITAL 1318 NOYES DRIVE	6. IS RESIDENCE ON A FARM? YES NO X
suted within	omple event,	3.	NAME OF DECEASED (Type or print) SEX A. DATE Month OF DECEASED (Type or print) Local SE S. DATE OF BIRTH S. DATE OF	Day Year 6 19 66 LYEAR FUNDER 24 HRS. Days Hours Min.
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D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	nding physician. Deen signed by the attending physician and, the burial-transit permit. Then please remp or to burial, cremation, or removal, and in any		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).1 PART I. DEATH WAS CAUSED BY: Scleraderma 5-2 / X DUE TO Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last. DUE TO DUE TO DUE TO Conditions if any, which gave rise to Immediate cause (a), stating the underlying cause last.	INTERVAL BETWEEN ONSET AND DEATH
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b. CLENGTH OR TOWN IT OUTSIDE COPPORTS LIMITS, Write RURAL and give nearest tow reference in the control of the composition of	urs after death.	1.	a. COUNTY			M	ARYLAND	a. STATE			1954	
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1 M	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, N MEDICAL EXAMINER'S CERTIFICATE OF DEATH	IARYLAND
FOR STATE HEALTH DEPT.		05466
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ter dea Give Pa g with 1 and 7 event	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR industry 11. BIRTHPLACE (State or foreign country) 12. Maryland	CITIZEN OF WHAT COUNTRY?
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ould "rd "ief "	cause (a), stating the DUE TO underlying cause last. (c)	
EXAMINER. This certificate should be executed within 24 hours after death. If certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, outlid be forwarded to the Chief Medical Examiners Office along with formelss. R. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with signated agent, prior to burial, cremation, or removal, and in any event within	The state of the s	a) 19. WAS AUTOPSY PERFORMED? YES NO
certification riting ded to all ded to prior t	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item CAUSE OF DEATH.	18.)
R: This certificate, writing forwarded to 3 should be agent, prior	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	County) (State)
MINE of be age ated	p.m. 19 at work	and in my opinion
the certificathe c	death resulted from Natural causes X, Accident Suicide , Homicide , Undetermined manne	er 🗌
	ACTUAL SIGNATURE SIGNATURE 4-3.2 -	66 22. DATE SIGNED
Y MEDIII execute Page I for you AL DIRE	SIGNATURE DEPUTY MEDICAL EXAMINER X	
DEPUTY Nease exercitor. Per prince for Funeral for Health or for the formal for the formal fo	EXAMINER'S NAME (Type) Belden R. Reap M. D. Address (Street, city, town, or county) Wheat.	on, Md.
TO DEPUT please e director. retained TO FUNER of Health	23a. BURIAL, CREMATION, 23b. DATE THEREOF 4-15-66 23c. NAME OF CEMETERY OR CREMATORY Ashton, Mo	
VR A15ME	24. FUNERAL DIRECTOR L. Survelle Rockville, Md. 250. REC'D BY REGISTRAR 250. REGI	AR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0546 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and 1. PLACE OF DEATH o. COUNTY b. COUNTY Montgomery North Carolina affer MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) papers. rewrite RURAL and give neorest tawn) Jacksonville 17 days Bethesda (rural) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? U. S. Naval Hospital 720 Barns Street YES NO X 3. NAME OF Middle 4. DATE Month burial, crematian, ar remaval, and in any event, witl Lost Doy Year DECEASED OF DEATH Robert William Blakely April 66 19 (Type or print) 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIEDXXX last birthdoy) Hours March 14, 1966 Male WIDOWED Cauc DIVORCED 11. BIRTHPLACE (County & State, or fareign country) 10b. KIND OF BUSINESS OR 12, CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of wark dane COUNTRY? during most of working life even if retired) INDUSTRY North Carolina USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mickey Alexander Ronald M. Blakely IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Hospital records, USNH, Bethesda, Md. None 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CAUSED BY: Multiple a congenital anomalies TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by DUF TO Canditians, if any, which gave (b) rise to immediate cause (a), DUE TO far use as the t Health prior tab stoting the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) State Dept. af Health YES X NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While at wark 21. I certify that (4) (this haspital) attended the deceased from March 27 sow the deceased olive on April 13 192, and that death occurre ed from March 27, 1966, to April 13, 1966, that (4) (we) los , and that death occurred above M, from couses and on the date stated above 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. ATTENDING 14 April 1966 M.D. PHYS directar, page shauld be filed S. Naval Hospital, Bethesda, Maryland 22c. PHYSICIAN'S J. Lynch. M.D. NAME (Type) BUNIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) - transit 4/15/6600dlawn Cemeter 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. (Caunty) (State) Nashville, Tennessee 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home, 7557 Wisconsin VR A15 (4) Mayler Judge 20 M 1/66 Aven., Bethesda, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05468 05468 alegth. 24 hours after death by the funeral Pages I and haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH COUNTY on tromery MARYLAND b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest fawn) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) haurs Dethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Z within 3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) DEATH requires that the death certificate be executed IF UNDER 1 YEAR I IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years birthday) Days. WIDOWED DIVORCED 100.11. 1903 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY and - Monkimer None 13. FATHER'S NAME / 14. MOTHER'S MAIDEN NAME dewar WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Holden Brive Address Managas es, na, ar unknawn) (If yes give war ar dates of service) Unknown CAUSE OF DEATH (Enter only one cause per lipe INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) þ DUE TO Conditions, if ony, which gave rise ta immediate couse (a), DUE TO stating the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION, GIVEN IN PART 1(o) YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) Not While at wark at wark TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram Hari saw the deceased alive an ADVILLO 19 Cand that death accurred at_ 1 A M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING 4-16-66 DIRECTOR PHYS. director, poge should be filed Bethe 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 8505 Old George town Rd ROBERT C 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (Stote) BREMOTAL Specify) 4/19/66 Potomac Meth. Church Cem. Potomac, Maryland 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Bethesda Md. Pumphrey

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 5469 CERTIFICATE OF DEATH and 2 death. 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) COUNTY by the fine Pages 1 urs after Montgomery Montgomery MARYLAND b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)
Silver Spring c. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag Silver Spring 르 d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street eddress) filled d. STREET ADDRESS e. IS RESIDENCE DN A FARM? within 705 Buckingham Drive 705 Buckingham Drive ND X within etely carbon 3. NAME DE First Middle 4. DATE Month Day Year DECEASED event, Nellie Boss May comple (Type or print) DEATH 19 66 executed e remove 6. COLDR DR RACE DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED White Female WIDDWED & 11-15-1889 DIVORCED 10a. USUAL DCCUPATION (Give kind of workdone) 10b. KIND DF BUSINESS OR attending physician ermit. Then please r an 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY CDUNTRYZ Virginia Housewife West certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME Lucy Hanback John Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Mildred Bender (See Item #2) No CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] that the INTERVAL BETWEEN been signed by the burial-transit or to burial, crema DNSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, If any, which morna gave rise to immediate DUE TO cause (a), stating the as th underlying cause last, (c) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY for use Health The certificate PERFORMED? YES T NO the hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) this certification of Dept. of MEDICAL TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) del a factory, street, office bldg., etc.) Hour e.m. While Not While of the Stat 19 at work at work retained DIRECTOR: A age 3 should liled with the 3 7 1965 21. I certify that (I) (this hospital)/attended the deceased from 19 66 that (I) (we) last saw the deceased alive on and that death occurred a M, from the causes and on the date stated above. 22a. SIGNATURE Age 4 m. age 4 m. rtor, page 3 DATE SIGNED OR ATTENDING MED. DIRECTOR sexanin aaanov M.D. PHYS. PHYS. PHYSICIAN'S NAME (Type) 22c. 22d. ADDRESS director, p Benjamin Isaacson BURIAL, CREMATION, 23b. DATE THEREDF REMDVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (State) Prince Georges 4-14-1966 Fort Lincoln Cemetery Co. Burial 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. Sons, eph Gawler 3 VR A15 (4) Ave. N S C. Wash. 20M 1/65

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3 should be detached for use as the high-life nearly permit. Then please remove carbon pagers. Pages A and 2 and 2

	PLACE OF DEATH a. COUNTY			2. USUAL RESIDEN	CE (Where dec			ce before admi	
	Montgomer	V	MARYLAND	a. STATE	inia	b. COUN	nandoah		
		utside corporate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I				give nearest 4	
	Bethesda		58 days	Seven F	ountain	S	8	13 3	
	d. NAME OF HOSPITAL	OR INSTITUTION (if not	in hospitai, give street address)	d. STREET ADDRESS				e. IS RESIDI	
7	he Clinical	Center. Betl	hesda, Maryland	(None)				YES NO	
	NAME OF	First	Middle	Last	4. DATE	Month) Da		
	(Type or print)	Tamer	Dann	Dorram	OF DEATH	April	20	. 19 6	
		LATTY LOR OR RACE 7. MARK	Dean RIED NEVER MARRIED	8. DATE OF BIRTH		AGE (In years I	IF UNDER 1 YEA		
		T A A WILDON		22 Cantambas		last birthday)	Months Days		
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	. WAS DECEASED EVER IN s, no, or unkown) (If yes		16. SOCIAL SECURITY NO. 17.	INFORMANT The	Medical	Recordes	S		
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1			per line for (a), (b), and (c).]				INT	INTERVAL BETWEEN ONSET AND DEATH	
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П	cause (a), stating underlying cause last.	tile							
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	(IF EITHER, NOTIFY M		Od INITION CONTROLD LOG DIA	OF OF INITIDATIONS	oum 006	(City or town)	(County)	(Ctai	
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VENTIL	20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year 20 W	work At work	ory, street, office bldg.,	etc.)				
	20c. TIME OF INJURY Hour a.m. p.m. 21. I certify that	Month, Day, Year 20 19 at 19 at	/hile Not While factor work at work tended the deceased from	ry, street, office bldg.,	etc.)	April 2	0, 19 66,	that (17) (we)	
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MARYLAND STATE DEPARTMENT OF HEALTH

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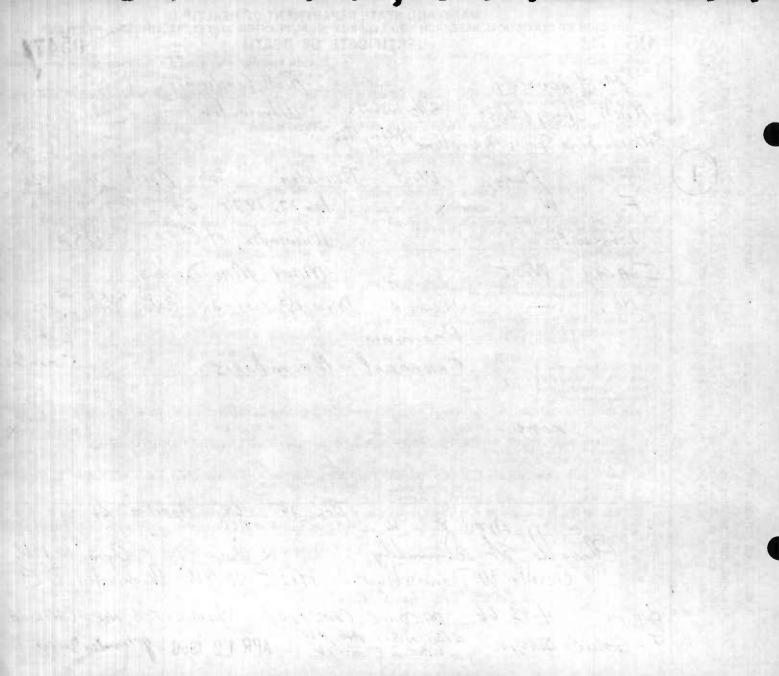
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY hours after b. CITY OR TOWN (it outside corporate limits, MARYI AND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Page write RURAL and give nearest town) mingles Ξ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give atreet address) e. IS RESIDENCE ON A FARM? d. STREET ADORESS prins / luning /time YES executed within completely N. N. NAME OF First Middie Last DATE Month Oay Year DECEASED we car (Type or print) DEATH 1966 5. SEX 6. COLOR OR RACE and cor DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min 9. 7. MARRIEO NEVER MARRIED Months Days Hours any WIOOWED X DIVORCEO sician lease r and in = 10a, USUAL OCCUPATION (Cive kind of workdone) 10b. KINO OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be during most of working life even if retired) INDUSTRY honsewite physi a 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova transit permit. Then, cremation, or re-15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) (If yes give war or dates of service) W. KIRK UNRNOWN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH -transi I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) gned been signed the burial-tr DUE TO Conditions, If any, which (b) gave rise to Immediate **OUE TO** cause (a), stating the underlying cause last. 98 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health The FUNERAL DIRECTOR: After this certificate irector, page 3 should be detached for use tould be filed with the State Dept. of Health CATI PERFORMEO? none YES CERTIFI the hospital 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While O HOSPITAL OR ATTENDING Page 4 may be retained by p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 2:00M, from the causes and on the date stated above. saw the deceased alive on 19 Hele 22a. SIGNATU DATE SIGNED ATTENDING PHYS. M.O. DIRECTOR PHYS HOSPITAL ADDRESS 22c. PHYSICIAN'S 22d. NAME (Type) directo should BURIAL, CREMATION.I OATE THEREOF 23d. LOCATION (City, town or county) 23b. NAME OF CEMETERY OR CREMATORY (State) 10 REMOVAL (Specify) BURIAL FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SICNATURE VR A15 (4)

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co de eve	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER M	MARRIED 8. OATE OF BIRTH 9. AGE (Uh years IF UN	DER 1 YEAR IF UNDER 24 HRS.
xecu		VORCED NOU. 8 1875 90 yrs.	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	IESS OR 11. BIRTHPLACE (County & State, or foreign country) 1	2. CITIZEN OF WHAT COUNTRY?
ysici ysici and	Housewile	PaiTimore Md	USA
fica f ph en p	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
certificate be ending physician are removal, and in	WILLIAM DIFFENDERFF 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECUL		
d site	(Yes, no, or unkown) (If yes give war or dates of service)		
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b)		INTERVAL BETWEEN
3 × 5	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Time beach karling	ONSET AND OEATH
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ires phy phy buri buri	Conditions, If any, which gave rise to immediate	o selfale heart deser	0 10 7/2
required ting peer the to to	cause (a), stating the DUE TO	0-11 0	2042
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l: The la al or at ificate h for use Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TI BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION SIVER IN PART	PERFORMED?
Tral of the form	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HO	W INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Iter	
JING PHYSICIAN: The lad by the hospital or att After this certificate his be detached for use State Dept. of Health p	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
the I this detail	ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUR Hour a.m. While Not While p.m. 19 at work at work	Factoms about a fift a title at a X	(County) (State)
	Hour a.m. p.m. 19 While Not While at work at work		
	21. I certify that (I) (this pospital) attended the dece	ased from 1957, to Agril 1, 1	19 6, that (I) (we) last
ATTENDING retained by ECTOR: After 3 should be with the Stat	saw the deceased alive on March 31 19 6		on the date stated above.
DR pe	ZZZZZ STGIVATORY	M.O. ATTENOING DE MED. STAFF DIRECTOR PHYS.	4 11 66.
May be RAL DIR AL DIR AL DIR Page of filed	22c. PHYSIC MAY'S	22d. ADDRESS	0
NER NER	NAME (Type) 1/6 F Kreuzb	Urg 7852 16 - 4 60 60	ale 12 DC
TO HOSPITAL Page 4 may TO FUNERAL director, pa should be fil	REMOVAL (Specify)	E OF CEMETERY OR CREMATORY 23d. LOCATION (City, town o	
F F 5	cremation 4/5/66 Ft.	Lincoln Crematory Prince Georg	ses County, Md
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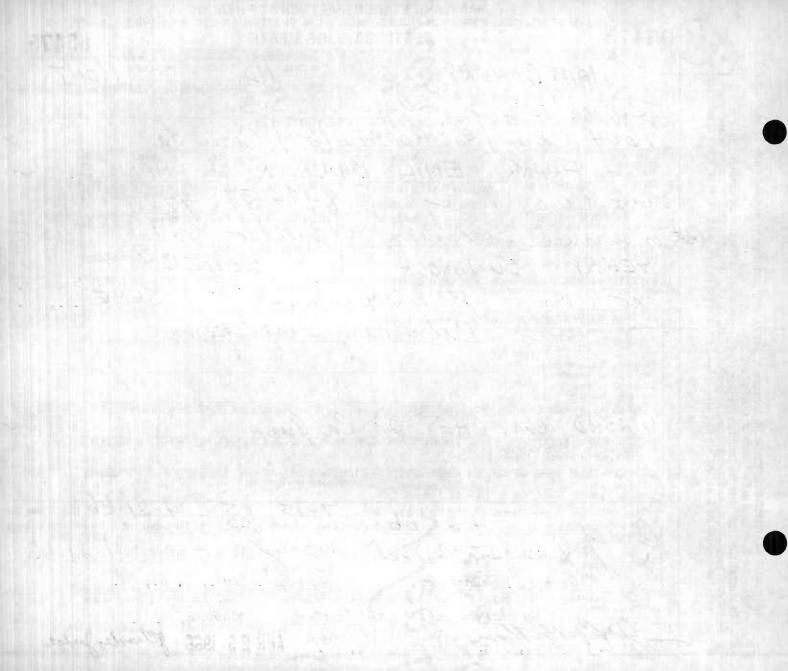
	MARYLAND STATE DEPARTMENT OF HEALTH	
	OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
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	0.0	OF THE WAY			CERTIFICA	AIL	UF DEATH	1			11	507	a
		PLACE OF DEAT					2. USUAL RESIDEN a. STATE	CE (Where dece	ased lived, If in b. COU		esidence	before ad	mission)
		Montgo	mery		MARYLAN	D	Virginia		C	amphe	11		
		b. CITY OR TOW write RURAL	METY N (if outside corporat and give nearest tow	e limits, n)	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (I			rite RURAL	and giv	e neares	t town)
		Bethe			101 days		Rustburg		2 2 2	X	13 -		
		d. NAME OF HO	SPITAL OR INSTITUTIO	N (if not In I	hospital, give street addre	ess)	d. STREET ADDRESS				0	ON A F	
5	Th	o Clinic	al Conton	Datha	-J- 14 WJ		Mana						NO X
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	5.	SEX	6. COLOR OR RACE	7. MARRIEC	NEVER MARRIED] 8	. OATE OF BIRTH	9.	AGE (In years last birthday)	Hontha	1 YEAR	Hours	24 HRS.
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Ξ		Housewif			None		Virgini	a		1.5	U.S.	Δ	
	13.	FATHER'S NAM					14. MOTHER'S MAIL	DEN NAME			U.U.		
		0:1					America Torr	14 - M.					
	15	Silas V	Smith EVER IN U.S. ARMED FO	DCE92 16	. SOCIAL SECURITY NO.	17	Ally JU	llia New	man	00			
	(Yes	s, no, or unkown)	(If yes give war or dates of	service)			INFORMANT The M						
		No			224-64-4737 T	he	Clinical C	enter,	Bethesd	a. Md	. 20	014	
		18. CAUSE OF	DEATH [Enter only one	e cause per	line for (a), (b), and (c).]						INTER	T AND D	WEEN
		PART 1. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Fat	ty metamorphi	asi	s of liver					weeks	
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ч		gave rise to	Immediate ((-)							PL PU	_ M S M	-
		cause (a), s	a took										
	N	underlying caus		(c)	UTING TO DEATH BUT NOT	DELAT	ED TO THE TERMINAL	DISCASE COMP	ITION CIVEN IN	DADT 1/2	119.	WAS AU	TOPSY
1	Ĕ	TAKT II. OTHER S	SIGILIFICALLI COMDITIO	NS CONTRIB	OTHER TO DEATH BUT NOT	KELAI	ED TO THE TERMINAL	DISEASE COND	TITON GIVEN III	ran I I(a)	-	PERFORI	
L	5											X	NO [
	CERTIFICATION	OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEAT TIFY MEDICAL EXAMIN	H 20b.	DESCRIBE HOW INJURY O	OCCU	RED. (Enter nature o	of injury in Par	t I or Part II o	of Item 18.	.)		
	S	20c. TIME OF Hour a.r	INJURY Month, Day, 1				E OF INJURY (Home, f y, street, office bidg., c		City or town)	(Con	inty)	(S	tate)
М	MEDICAL	nous a.s		While at wo	- Nor while -		,,,,,,,,,,,						
		21. I certif	v that vibr (this hosp	ital) attend	ded the deceased from	Jai	nuary 11 .1	966 to A	pril 22	. 19_6	6. th	at (1) (w	e) last
			ceased alive on Ar				death occurred at7						
		22a. SIGNATU			1 1					22b. D			
		(1)	os len 1	N. 1/2	TH-110	M.D.	ATTENDING PHYS.	MED. OIRECTOR	STAFF PHYS.	23 /	pri	1 196	66
		22c. PHYSICIA		01		111.0.	22d. ADDREST		cal Cen				
1	i	NAME (T	vpe) Wesley M	. Viet	zko M.D.		Institutes		1th, Be				
	23a.	. BURIAL, CREM		HEREOF	1 23c. NAME OF CEME	TERY			ATION (City, t				ate)
		DREMOVAL (Sp	ecify) 4/2	-111	61	1	leth. Ch. Co		vinato	_	.,	1/	٠, ح
	24	. FUNERAL DIRE	CTOR	166	ADDRESS	_//		C'O BY REGIS		EGISTRAR	'S SIGN		
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	1 12	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARYLAND
£.	NE Ne	100	5475 CERTIFICATE OF DEATH	05475
hours after death.	funeral and 2 ar death.	1.	PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Re a. STATE D. COUNTY D. COUNTY	sidence before admission)
afte	by the Pages 1 urs afte	-	b. CITY/OR TOWN (if outside corporate limits, write RURAL en write/RURAL and give nearest town) . C. LENGTH OF STAY IN 1b	and give nearest town)
ours	in by Pa		Silver Spring 20415 25.	15-1
24	stely filled in by the bon papers. Pages 1 within 72 hours after		1604 Carey La, upt 340 1604 Carey La	e. IS RESIDENCE ON A FARM? YES NO D
within	completely ve carbon l event, with	3.	NAME DF DECEASED (Type or print) FRANK EMIL BUNDROCK DEATH APRIL	Oay Year
cuted	in and comple remove carl in any event,	5.	SEX 6 COLOR DR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 7 9. AGE (In years IFUNDER 1 Months 0	YEAR IF UNDER 24 HRS. Oays Hours Min.
exec	n and co remove in any ev	1Da	USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR long most of working life, even if retired) Dib. KIND OF BUSINESS OR long most of working life, even if retired) NDUSTRY DIVORCED 11. BIRTHPLACE (County & State, of foreign country) 12. CIT COUNTY COUNT	TIZEN OF WHAT
te be	physician in please wal, and in	2/3.	insurance salesman Buffalo, n.y.	UNTRY? U.S.A.
rtifica	20 20	13.	HENRY BUNDROCK 14. MOTHER'S MAIDEN NAME Ernesti	ne
The law requires that the death certificate be executed within		15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Elvira 9. Bundo SAME None 133-10-8/24DAUGHTER 9. Bundo SAME	Carey La. S.S., Md.
the d	y th sit mat		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) PULLINONARY Emphysican	INTERVAL BETWEEN ONSET AND DEATH
that	signed ourial-tra		5-27/ DUE TO	
law requires that t	been si the bur or to bur		Conditions, if any, which gave rise to immediate (b)	
w rec	has been as the prior to		underlying cause last. (c)	
The lan	tificate ha for use a f Health p	CATION	PARTI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES ND C
PHYSICIAN:	cer hed t. o	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHY		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (Cour factory, street, office bldg., etc.) 20f. (City or town)	nty) (State)
	2 400	2	21. I certify that (1) (this hospital) attended the degreesed from 7-15, 165, to 4-21, 161	e, that (I) (me) last
	ECTOR: A 3 should with the		saw the deceased alive on 4-2/1906, and that death occurred a 32PM, from the causes and on the causes are caused as the caused as t	e date stated above.
	page filed		200. PHYSICIAN'S DENGSTACK M.O. ATTENOING MEO. STAFF PHYS. 1 22d. AOORESS	21-66
P. 5	be,		NAME (Type) George G. Sengstack 9241 Col. Blvd., S. S., Md.	
TO HO	TO FUN direct should	23a	BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or could be seen as a supplied of the could be supplied by the could be s	nty) (State)
) en	A15 /A	24	FUNERAL DIRECTOR SHEGISTRAR 25b. BEGISTRAR 25b. BEG	SIGNATURE
	M 4-64	- u	arner E. Pumphrey, Inc. Silver Spring, Md. M. 25 1966	0 0



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

M	1)5476			CERTIF	ICATE	OF DEATH			1	15476
ier de the		PLACE OF DEATH	gomery		MAR	'I A N D	2. USUAL RESIDENCE o. STATE	(Where deceose	ed lived, if institut b. COUI	ian: Residence be NTY	fare odmissian)
Irnin 72 naurs arrer o	1	. CITY OR TOWN (f autside carparate limit give nearest town)		c. LENGTH OF STAY I		c. CITY OR TOWN (If o		te limits, write RUI	RAL and give nea	rest tawn) 3 - 3
26	(. NAME OF HOSPIT	Naval Hos	t in haspital, g	ive street address)		d. STREET ADDRESS) North	Rooseve	elt St.	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print)	Fii John	n	Middle Henry		Lost SURCHETT	4. DATE OF DEATH	Mon Apri	1 19	19 66
		ale	6. COLOR OR RACE	WIDOWED	NEVER MARRIED DIVORCED		ec. 28, 190	05	AGE (In years last birthday) yrs.	Manths Day	s Haurs Min.
	duri	ng most of working U.S. I FATHER'S NAME	(Give kind af wark dane lite, even if retired) Vavy		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Count Prestons 14. MOTHER'S MAIDEN	burg. F		12. CITIZEN COUNTR	OF WHAT Y? USA
	15	Wade Br	CORDINATE ADMED FORCESS	16.5	SOCIAL SECURITY NO.	1 17 1	Rosa	Sizemor	re ingtonAddre	277 220	
	(Ye	s, na, ar unknawn) yes	(If yes give war or dotes of 924-1947	f service)	5-38-1002	I	irs. Molly			00 N. Ro	osevelt /
		PART I. DEA	ATH (Enter only ane cau IH WAS CAUSED BY: IMMEDIATE CAUSE DUE	(0)	rebral vas	cula	r accident				ONSET AND DEATH
		Conditions, if any rise to immediat stating the underlast.	which gove e cause (a),	(b)							
2	ATION		GNIFICANT CONOITIONS C		O OEATH BUT NOT REL	ATEO TO	HE TERMINAL DISEASE CO	NDITION GIVEN	N IN PART 1(o)		9. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFICATION		SUNOERLYING CAUSE OF OEATH MEDICAL EXAMINER)			CCURRED.	Enter noture of injury in				
d	MEDICAL	Haur o.e	n. 19	While at wark	at wark	fact	E OF INJURY (Hame, far ory, street, affice bldg., etc	.)	(City or town)	(County)	(State)
		21. I certi saw the d 22a. SIGNATURE	fy that (1) (this has eceased alive an_	Apr. 19	1966,	fram <u>Fre</u> and tha	death accurred a	19_00_, to t_300A_M MED.	, fram causes	and an the d	ate stated abave.
1		22c. PHYSICIAN'S NAME (Type	1.1	nnon,		M.	D. PHYS. 22d. ADDRESS J. S. Nav	DIRECTOR	PHYS.		, Md.
1	23a	BURIAL, CREMATIC	ON, 23b. DATE THI	REOF 1966	23c. NAME OF CEMI Arlington	Nat	ional Cemet	ery 1		n, Virg	inia
}	24	FUNERAL DIRECTO	R Ives Fun 47 Wilson E	eral H	ome Address Carlington,	Caa Va.	DATE DATE	D BY REGISTR	1	Claula	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05474 in by the funeral rs. Poges 1 and 2 hours after death death, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY A b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) popers. hin 72 hc d. NAME OF HOSPITAL OR INSTITUTION (II not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO X YES pou NAME OF Middle First Lost 4. DATE Day Year DECEASED 19 (Type ar print) DEATH 0 remove n omy eve 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH last birthdoy) Months Hours Doys DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? and HOUSE WIFE 13. FATHER'S NAME MOTHER'S MAIDEN NAMI or removol, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknown) (If yes give war ar dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO Canditians, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate hos been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, affice bidg., etc.) While Nat While of work ot work 21. I certify that (I) (this haspital) attended the deceased fram 1806, ta and that death accurred at M. fram causes and an the date stated above. saw the deceased alive an_ 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR PHYS 22c. PHYSICIAN'S ADDRESS NAME (Type) director, should by DAJE THEREOF LOCATION (City or Town) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (County) MOVAL (Specify) 250. REC'D BY REGISTRAR REGISTRAR'S SIGNATURA 24. JUNERAL DIRECTOR ADDRESS VR A15 (4) Misules

The Street Street Life

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05478 death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. COUNTY b. COUNT hours after MARYLANO b. CITY OR TOWN (if putside corperate limits, c. CITY OR TOWN (If outside-corporate limits, write RURAL end give nearest town) c. LENOTH OF STAY IN 1b walte RURAL and give e. IS RESIDENCE ON A FARM? not in hospital. give street address) d. STREET ADDRESS NO YES rbon p executed within NAME B Middle DATE Month Day Year Last 4. OF DEATH DECEASED 20 1966 (Type or print) AGE (In years | IFUNOER 1 YEAR | IF UNDER 24 HRS SEX BACE OATE OF BIRTH NEVER MARRIED 7. MARRIED last birthday) and c Days / Hours Months WIDOWED OIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician and physician and physician and physician and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) = 10b. KIND OF BUSINESS OR COUNTRY? INDUSTRY certificate FATHER'S NAME 13. MOTHER'S MALDEN remova 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 0 (Yes, no, or unkown) (If yes give war or dates of service) death s been signed by the atters the burial-transit permit ior to burial, cremation, o none INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET ND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions. If env. which (b) gave rise to immediate **OUE TO** cause (a), stating the prior t underlying cause last. (c) as WAS AUTOPSY CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate had for use of Health p PERFORMED? YES X NO T the hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached f te Dept. of I Page 4 may be retained by FUNERAL DIRECTOR: After this ce director, page 3 should be detached by Allen And Filed with the State Dept. MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 1966 21. I certify that (I) (this hospital) attended the deceased from _M, from the causes and on the date stated above. 66 and that death occurred at saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MEO. DIRECTOR M.D. PHYS. 22d. ADDRESS PHYSICIAN'S 22c. director, p NAME (Type) SERNA UNIV. 13LUD (State) NAME OF CEMETERY OR BREMATORY DATE THEREOF 23a. BURIAL, CREMATION. REMOVAL (Specify) 0 FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 15M 4-64

TATRES LINE PERSONAL PARES

PRESTON STREET, BALTIMORE 1, MARYLAND after funer 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased livad, If institution: Residence before admission) a. COUNTY b. COUNTY hours 577 MONT GOMERU MARYLAND ma montgomery and deat b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town) .57 JETACS do Pages within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO X papers. h 72 ho completely executed 3. NAME Q Middle 4. DATE DECEASED OF (Type or print) DEATH 1966 within 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED W DIVORCED certificate event physician гетоме 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) any HOUSE WIFE please 13. FATHER'S NAME .⊑ attending James ARGARET Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT removal, (Yes, no, or unkown) | (If yes give wer or detes of service) the permit. 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] attending physician. INTERVAL BETWEEN been signed by ONSET AND DEATH 9 PART I. DEATH WAS CAUSED BY: CONGESTINE HEART 2 MOS IMMEDIATE CAUSE (a) cremation, has been signe e burial-transit DUE TO DISEASE A ETERIO SCLEROTIC Conditions, if any, which gave rise to immediata cause DUE TO (a), steting the underlying burial, ARTERID SELEROSIS cause last. the the hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION S 0 PERFORMED? MELLITUS NO use prior 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) this ce OR CONTRIBUTING [] CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, street, office bldg., etc.) While Not While Hour e.m. ō may be resc. at work at work p.m. 19 Dept. 21. I certify that ((1)) a 1966..., and that death occurred at 33. A.M. from the causes and on the date stated above saw the deceased alive on.... 22a. SIGNATURE 22b. DATE ATTENDING SIGNED TO HOSPITAL death. Page 4 I PHYS. DIRECTOR PHYS. M.D. page with th 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) filed \ 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) S F G FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATUR 20M 5-63

51345288 35-118 FEHRLE WEST 10 Nov 1885 CONCESSINE NEGET FAILURE C\$10. R A CITEL SILECTIA HEACT GENT RELEGIOUS 20THANDER DINERALES. with the war with the sale

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY Montgomery Maryland b. COUNTY Montgomery a. STATE MARYLAND Department after death. b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) exp. Silver Spring at home Olnev d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Montgomery General Hospital DN A FARM? hours 17701 Norwood Rd. NO **EXAMINER:** This certificate should be executed within 24 hours after death. If any delete certificate, writing the word "pending" in pencil In Item 18. Give Pages 1, 2, and should be forwarded to the Chief Medical Examiner's Office along with form PM3. 3. NAME OF First DATE Middle Month Day Year Last DECEASED Butler OF DEATH 1966 Cerinne April (Type or print) 9. AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED Female Negro 15, WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? House Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Thomas Alcinda Hill 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. I 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEET ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (a used as a burial-trans to burial, cremation, DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE LERE CERTIFICATION WAS AUTDPSY PERFORMED? YES ND 3 should be a agent, prior t 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (Clty or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While TO FUNERAL DIRECTOR: Page of Health or its designated at work at work 21. I certify that Litopk charge of the remains described above, held an Autopsy L Inspection Inquiry X and in my ppinlon Homicide death resulted from: Natural causes Accident Suicide Undetermined manner for your CMIRF MEDICAL EXAMINER 4-7-66 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X please ex director. retained Address (Street, city, town, or county) Wheaton, Md. Belden R. Reap. M. NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATIDN (City, town or county) REMOVAL (Specify) Sharp Street Cemetery Sandy Spring, Ma. Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Rockville, Ma. VR ALSME (5) 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05481 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. funeral 1 and ter death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission A COUNTY MARYLAND within 72 haurs after umerch CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 15 c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? d. STREET ADDRE papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) YES | NO carbon 3. NAME OF Middle 4. DATE First Last Month Day Year completely DECEASED 0F mue (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remove Jast birthday) Manths Days WIDOWED DIVORCED and 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) physician a doting mast of warking life even of retired). INDUSTRY tardner- Tght-tim 13. FATHER'S NAME ar removo 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes na, or unknown) (If yes give wor or dates af service) INFORMANT 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO signed burial, Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the hospital ar attending Health priar to this certificate has been far use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN WAS AUTOPSY PERFORMED? NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH directar, page 3 shauld be detached to should be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. Nat While factory, street, affice bldg., etc.) TO FUNERAL DIRECTOR: After 1966, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 1966 ta and that death accurred at 2404 M, fram causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE **ATTENDING** M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S ADDRESS sconsin Ave. Bethesda, Md. NAME (Type) PETERSON 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)
BURIAL /21/66 24. FUNERAL DIRECTOR **ADDRESS** INC. FUNERAL HOME, 3900 Ga.Ave., NW VR A15 (4) 20 M 1/66

18530 CLARENCE MARKET LEVEL 18150

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MARYLAND STATE DEPARTMENT OF HEALTH 05483 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH manigomeny death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY y filled in by ... an papers. Pages 1 ... 72 haurs after d Montgomery
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Burial Washington Rock Creek Cemete Sons, Inc., Wash., D.C. 24. FUNERAL DIRECTOR os. Gawler's VR A15 (4) 20 M 1/66

14.60 THE RELEASE DESCRIPTION OF THE PERSON OF THE

FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is recessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEACA

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05485 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death death and and campletely filled in by the funeral remave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Maryland Montgomerv Montgomery MARYLAND CITY OR TOWN (If outside carparote limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Silver Spring Takoma Park d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Washington Sanitarium & Hospital 1401 Blair Mill Road NO X hin 3. NAME OF Middle DATE Lost Manth Day Year DECEASED MAX.. CHIDEL April 19 66 14 DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Doys Hours July 4. 1899 Male White WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. S. A. ease during most of working life, even if retired)
Self Employed INDUSTRY Food Russia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Morris Chidel 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war ar dates of service) 48-2046 Mrs. Selma Chidel Same as 2 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DHE TO Canditians, if ony, which gave rise ta immediate cause (a), DUE TO stoting the underlying couse the has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO K TO FUNERAL DIRECTOR: After this certificate 0 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (Stote) Haur a.m. Nat While factory, street, affice blda., etc.) at work L 1966, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. be retained 6452M, fram causes and an the date stated above. saw the deceased alive an 19 66, and that death accurred at 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING director, page 3 should be filed v M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (State) 23a. BURIAL, CREMATION, (County) REMOYAL (Specify) B'nai Israel Cemetery Oxon Hill Md. Burial 1968 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Goldberg Funeral Home 4217 9th Street N. W.

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£ 50 E	05486 CERTIFICATE OF DEATH 05486
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	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital/give street address) d. STREET ADDRESS LAST Brandywine St. N.W. 9ES ND
law requires that the death certificate be executed within 24 hours after trending physician. has been signed by the attending chysician and completely filled in by the fast be burial-transit permit. Then please remove carbon papers. Pages 1 prior to burial, cremation, or removal, and in any event, within 72 hours after	3. NAME OF DECEASED (Type or print) Respected Charles (Type or print) Respected Charles (Type or print) Death April 1966
com	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (No years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed be director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work at work 19
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L OR A by be r DIRECT A Sign of Filed w	222. SIGNATURE Copied Condens M.D. ATTENDING MED. DIRECTOR PHYS. 22b. DATE SIGNED 4 _ /1 - 66
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VD A1E /A	The S.H. Hines Co. Washington, D. C. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 after death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Pages 1 urs after 760 the MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR JOWN (If outside corporate limits, write BURAL and give nearest town) c. LENCTH OF STAY IN 1b à write RURAL and give nearest town) Koma hours Ta. .= papers. filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 24 Kirklynn ON A FARM Ave YES NO executed within etely spon 3. NAME OF First Middle DATE Month Day Year DECEASEO comple we can (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED 8. 9. remo and WIDOWED DIVORCED attending physician a ermit. Then please re 10a. USUAL OCCUPATION (Cive kind of work done | 10b. KIND OF BUSINESS OR = 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? cotland death certificate FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. INFORMANT Address 17. (Yes, no, or unkown) (If yes give war or dates of service) the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] n signed by th burial-transit INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. oma IMMEDIATE CAUSE (a DUE TO Cenditions, If any, which 700 (b) been gave rise to immediate the to DUE TO cause (a), stating the as th underlying cause last. has (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for use should be filed with the State Dept. of Health PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 5 A. from the causes and on the date stated above. saw the deceased alive on 22a. SICNATURE 22b. MED. DIRECTOR ATTENDING M.D. PHYS. PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY/OR CREMATORY 230. LOCATION (City; town or county) (State) MOVAL (Specify) KTH 25b. REGISTRAR'S SIGNATURE FUNERALI DIRECTOR ADDRESS REC'D BY REGISTRAR VR AL5 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH

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	13	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
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	fille pape in 7	70 /	d. NAME OF MOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDEN ON A FARM ON A FARM YES \(\sigma \) NO	47
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	ding plans been the box to b		gave rise to Immediate cause (a), stating the DUE TO	
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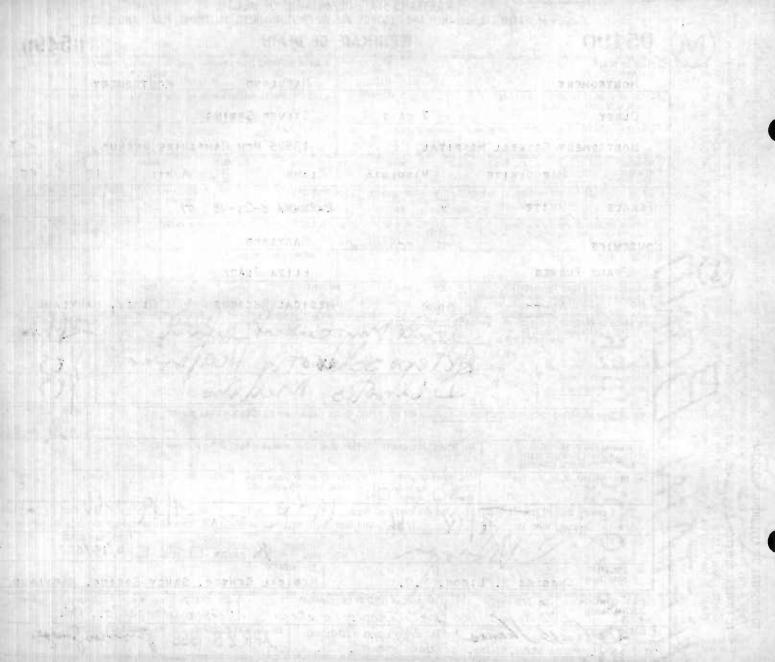
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 within 24 hours after death and PLACE OF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) b. COUNTY MARYLAND af b. CLTY OR TOWN (if outside popporate limits, & LENGTH OF STAY IN 1b c. CIPY DR/TOWN (If outside corporate limits, write RURAL and give nearest town) oon papers. Pag within 72 hours = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS completely filled DN A FARM? ND X YES Year NAME OF Last DATE First Middle DECEASED DF DEATH (Type or print) 19 6. COLOR OR RACE | 7. MARRIED ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) Months Days Hours and WIDDWED | DIVDRCED attending physician a ermit. Then please re on, or removal, and in 12. CITIZEN DF WHAT 10a. USUAL OCCUPATION (Cive kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTH/LACE (County & State, or foreign, country) dyring most of working life, even if retired) INDUSTRY COUNTRY? X)UDERVISOR death certificate 13. FATHER'S NAME 15. WAS DECEASED OF ER IN U.S. ARMED FORCES? (Yes, no, or ynkown) (If yes give war or dates of service) Address 16. SDCIAL SECURITY ND. 17 INFORMANT ed by the attenctransit permit. 18. CAUSE DF DEATH [Enter only one cause per line for (a), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: nells the hospital or attending physician. IMMEDIATE CAUSE (a) signed been so he buria. DUE TO Cenditions, If any, which gave rise to immediate DUE TD cause (a), stating the underlying cause last. (c) 38 WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? certificate ND YES 20a. ACCIDENT WAS UNDERLYINC ☐ DR CONTRIBUTINC ☐ CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.) Dept. of (State) 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. 19 at work retained 21. I certify that (I) (this hospital) attended the deceased from M. from the causes and on the date stated above. saw the deceased alive on_ and that death occurred at SIGNATURE 22b. DATE SICNED, 223. ATTENDING STAFF PHYS. page . MED. DIRECTOR M.D. PHYS. director, pa HOSPITAL PHYSICIAN'S S./Murphy Maryland le. NAME (Type) Wm. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 0 REMOVAL (Specify) Rockville, Maryland St. Mary's Burial 5/2/66 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Wheeler Funeral Home-1331 Rockville VR A15 (4) Rockville, Maryland 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05490 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY a. STATE b. COUNTY MARYLAND MONTGOMERY MONTGOMERY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) ban papers. Pag within 72 haurs SILVER SPRING 7 DAYS OLNEY e. IS RESIDENCE ON A FARM? d. STREET ADDRESS and campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) MONTGOMERY GENERAL HOSPITAL 13325 NEW HAMPSHIRE AVENUE YES NO X 3. NAME OF Middle 4. DATE Month First Last Dov Year DECEASED 19 66 MARGUERITE VIRGINIA CLARK 19 APRIL (Type or print) DEATH remave car AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** Hours FEMALE WHITE 8×28×98 8-25-98 WIDOWED X DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) edse COUNTRY? during most of working life, even if retired) INDUSTRY MARYLAND USA HOUSEWIFE

13. FATHER'S NAME O WIN 14. MOTHER'S MAIDEN NAME FRANK TURNER ELIZA CLARK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ag, or unknown) (If yes give wor or dates of service) 17. INFORMANT Address 16. SOCIAL SECURITY NO. permit. OLNEY, MARYLAND MEDICAL RECORDS None 1B. CAUSE OF DEATH (Enter only one couse per line VAL BETWEEN burial-transit PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by physician. DUE TO burial, Conditions, if ony, which gove rise to immediate couse (a). DUF TO stating the underlying couse prior ta the haspital or attending this certificate has been as the WAS AUTOPSY PERSORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use Health far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH df. detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While OR ATTENDING ot work TO FUNERAL DIRECTOR: After be retained by 21. I certify that (1) (this tospital) bittended the degegeed from shauld death occurred at 8:25 AM, fram Jauses and on the date stated obove. ond that saw the deceased alive an. 22b. DATE SIGNED 22n SIGNATURE MED. 4/19/66 M.D. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) CHARLES H. LIGON. MEDICAL CENTER. SANDY SPRING. MARYLAND M.D. directar, shauld 23& NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL CREMATION. 23b. DATE THEREOF REMOVAL (Specify) Prince George Co., Fort Lincoln Cemetery ADDRESS CIC VR A15 (4) Silver Spring. Inc. Pumphrey. 20 M 1/68 Warner

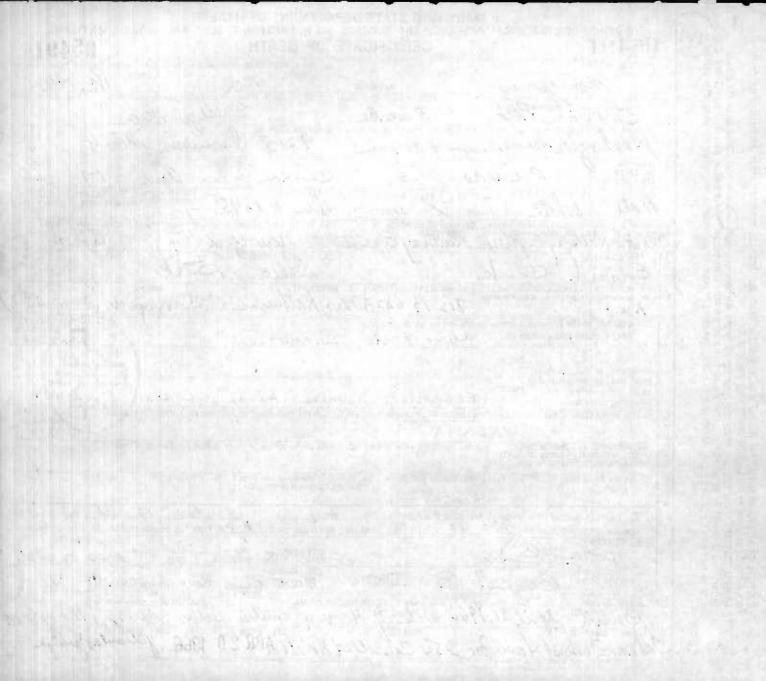


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 549 CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY Maryland MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: R. a. STATE	esidence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write BURAL	and give nearest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	Washington Santarium + Hospital	9215 Davidson Street	ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) PICHARD S,	CLARK DF OPEN /	Day Year 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH ALC. 1, 1895 9. AGE (M years IFUNDER last birthday) Months 70 yrs.	Days Hours Min.
	USUAL OCCUPATION (Give kind of work done Ing most of working life, even if retired) Like Kallway Cx Press Kallway Cypres		TIZEN OF WHAT
13.	FATHER'S NAME Edural Clark	14. MOTHER'S MAIDEN NAME Backe	
15 (Y	or no amumbourn) ((If use nine way or dates of coming)	INFORMANT Address Address C. Lavenport	Come ast 2
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL	INFARCTION	MINUTES
	T 20 DUE TO Cenditions, If any, which		
	gave rise to immediate		
	cause (a), stating the underlying cause last. DUE TO GENERALIZED ADV	IANCED ARTERIOSCHEROSIS	245
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA UREMIA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES X NO
CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCUOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Part I or Part II of Item 18.	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLA Hour a.m. While Not While at work at work	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	nty) (State)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on APR 17 1966, and that	Aug , 1964, to APR 17, 1966 t death occurred at 1 PM, from the causes and on the	that (I) (we) last ne date stated above.
	22a. STCNATURE M.D	ATTENDING MED. STAFF 22b. D/	ATE SIGNED R 18, 1966
	22c. PHYSICIAN'S NAME (Type) ROBERT B. IREY	7105 Riggs Rd. Hyattsvil	le, Md.
238	BURIAL, CREMATION, 23b. DATE THEREOF, 23a. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City fown or coursely Live Agrens	(State) (State)
24	aRoma Turn and Home Inc 254 Cappalls	HAWAGAR 20 1966 CLICAN	S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65



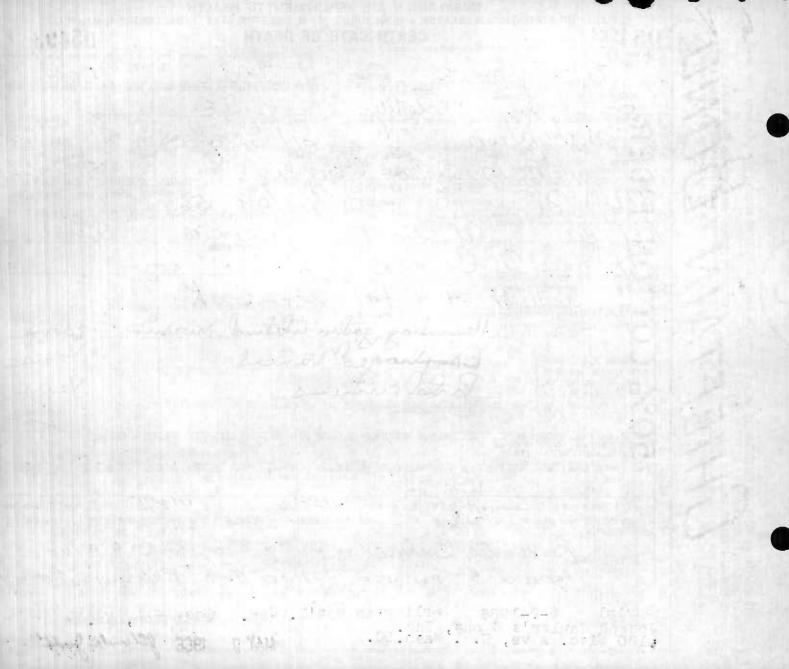
N.		DIVISION OF STATISTICAL RESEA	RCH AND RECORDS	, 301 W. PRESTON STREET, BALTIM	ORE 1, MARYLAND
000	1	15492	CERTIFICATE		05492
M)		PLACE OF DEATH a. COUNTY ALONT GOMES IN	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If I	
nours		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, v	vrite RURAL and give nearest town)
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	/	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
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	3.	NAME OF First DECEASED (Type or print)	Middle (o.		ril 28 19 66
and in any eve	5.	F. Wh. WIDOWED	DIVORCED	last birthday	
)	dy !	USUAL OCCUPATION (Give kind of work done of norm of the working life, even if retired) INITIAL STATES NAME	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County & State, or foreign count	try) 12. CITIZEN OF WHAT OOUNTRY?
	10.	George W. EXXXX Coakley		Isabella Hoe Godfrey	
	15. (Yes		7-36-8690 am	INFORMANT Addr	112021110111
Dulla, Clemation, Or comova	1	18. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (a), (b), and (c).]	Infaction	INTERVAL BETWEEN ONSET AND DEATH
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ith the State Dept.		21. I certify that (I) (this hospital) attendes saw the deceased alive on the deceased alive on the saw the deceased alive on the deceased alive of the	d the deceased from 7	death occurred at 32M, from the cause	s and on the date stated above.
filed w		22a. SIGNATURE LEGAL MARY 22c. PHYSICIAN'S	M.D.	ATTENDING MED. PHYS. DIRECTOR PHYS. 22d. ADDRESS	1 4-29-66
å / j		22c. PHYSICIAN'S NAME (Type) George Sharpe		10511 Summit Avenue, K	
should	23a	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2 May 1966		emetery Hempstead	New York
	24.	that mongs	434 Appress 434 Georgia Au	Ma. DAMAY 5 1966 &	REGISTRAR'S SIGNATURE Charles Judge
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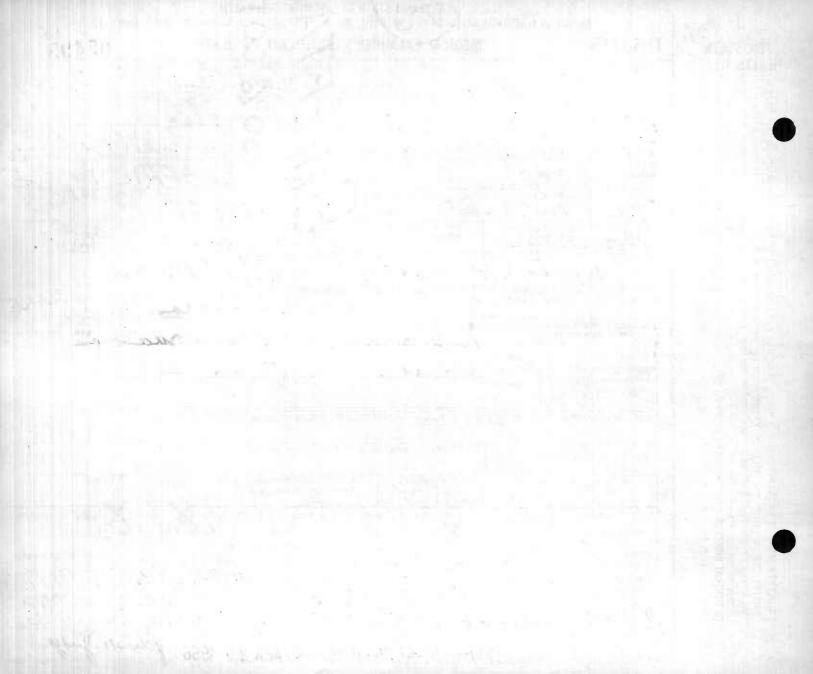
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 24 hours after death. 15493 CERTIFICATE OF DEATH funeral 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY s. Pages 1 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, white RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CHYOR TOWN (If outside corporate limits, write RURAL end give nearest town) by E bon papers. within 72 hd d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street/address) d. STREET ADDRESS IS RESIDENCE filled ON A FARM? NO X carbon n within DATE NAME DE First Middle Month Day Last DECEASED nt. (Type or print) DEATH 19 executed 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 0 0 7. MARRIED NEVER MARRIED and c last birthday) Months Hours WIDOWED [DIVORCED [attending physician a ermit. Then please r 10a. USUAL OCCUPATION (Give kind of work done | 5 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) be during most of working life, even if retired) INDUSTRY COUNTRY? death certificate FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. gned by the attencial-transit permit. INFORMANT 17. Address (If yes gife war or dates of service) (Yes no, or unkown) INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a signed 1 The law requires that Just been street burial burial DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. 38 ERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? certificate YES NO T 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) detached f te Dept. of OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour am. Not While While p.m. at work at work retained O 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the and that death occurred at 245PM, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE director, page should be filed MED. DIRECTOR STAFF Page 4 may b M D. PHYS. ADDRESS 22c. PHYSICIAN'S NAME (Type) LOWELL 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Arlington Com A A THAR ST. RESISTRARES SIGNATURE urial Inderess ons Wash. A ve Wisc. VR A15 (4) 20M 1/65



WI	16	M	Items 18&21 Film G376MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR :	STATE		05494 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4
HEALTH	DEPT		1. PLACE DF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before a a. STATE b. COUNTY	dmission)
sary, neral y be	nent eath.		Mont gomery b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND Virginia Fairiax c. CITY OR TOWN (If outside corporate limits, write RURAL and give neare	st town)
ecessar the funeral 5 may b	Department after death.		Olney DOA Falls Church d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RES	SIDENCE
ay 1 3 to Page	State D hours al	99	Montgomery General Hospital Patrick Henry Drive YES	FARM?
any del 2, and PM3.	the 72		3. NAME OF First Middle Last 4. DATE Month Day Ye DECEASED (Type or print) Elizabeth Pinnegar Connell DEATH April 4 19	66
ath. If a	within		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDE	R 24 HRS.
では	event		Female White WIDOWED DIVORCED April 3, 1907 59 yrs. 10a. USUAL OCCUPATION (Give kind of workdone of workdone of working life, even if retired) 10b. KIND OF BUSINESS OR of the business of working life, even if retired 10b. KIND OF BUSINESS OR of the business or of working life, even if retired 10b. KIND OF BUSINESS OR of the business or of working life, even if retired 10b. KIND OF BUSINESS OR of the business or of the business of working life, even if retired 10b. KIND OF BUSINESS OR of the business or of the business of working life, even if retired 10b. KIND OF BUSINESS OR of the business of working life, even if retired 10b. KIND OF BUSINESS OR of the business of working life, even if retired 10b. KIND OF BUSINESS OR of the business of working life, even if retired 10b. KIND OF BUSINESS OR of the business of working life, even if retired 10b. KIND OF BUSINESS OR of the business of working life, even if retired 10b. KIND OF BUSINESS OR of the business of working life, even if retired 10b. KIND OF BUSINESS OR of the business of working life, even if retired 10b. KIND OF BUSINESS OR of the business of working life, even if retired 10b. KIND OF BUSINESS OR of the business of working life, even if retired 10b. KIND OF BUSINESS OR of the business of working life, even if retired 10b. KIND OF BUSINESS OR of the business of working life, even if retired 10b. KIND OF BUSINESS OR of the business of working life, even if retired 10b. KIND OF BUSINESS OR of the business	T
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should be executed within 24 houword "pending" in pencil in Item Chief Medical Examiner's Office	t perm		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: A court of mysocondial inforction:	DEATH
xecute ling" i	transit ion, or		4201 DUE TO	
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EXAMINER: This certificate certificate certificate, writing the rould be forwarded to the	3 should		Hour a.m. While Not While factory, street, office bidg., etc.)	(State)
AMINE certific	CTOR: Page designated		21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry A, and In my	ppinlor
the	CTOR: design	H	death resulted from: Natural causes X, Accident , Suicide , Momicide , Undetermined manner CHIEF MEDICAL EXAMINER	
ME Pag	L DIRECT or its d	1	ACTUAL SIGNATURE / Lewis Control of the Control of	SIGNED
	retained to FUNERAL of Health	4	EXAMINER'S BELDEN KEAP MID, Address (Street, city, town, or county) / 10 23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	State)
TO DI pleadire	TO FL of h		Removal Burn 4/7/64 Chastnut Grove Cometey, Herndon, Va	
VR	A15ME	Br	24. FUNERAL DIRECTOR JOHN - Johnson - Houndon la DAAPR 14 1966 Johnson Judge	9

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05495 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, institution: Residence before admission) O. COUNTY COUNT P.M.3. Page To other MARYLAND ond 3 Department c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give newest town b. CITY OR TOWN (If autside carparate limits, perite RURAL and give nearest town) ofter (6. NAME OF HOSPITAL OR INSULUTION (If not in hospital, give street d. STREET ADDRESS IS RESIDENCE hours farm ON A FARM Give Pages YES after death. ang with NAME OF Middle Lost DATE First Year DECEASED (Type or print DEATH S. SEX AGE (In veors F UNDER 24 HRS 7. MARRIED NEVER MARRIED Months Doys Hours Item 18. haurs WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY 24 dny .= pages pencil 13. FATHER'S NAME 14. MOTHER'S MANDEN NAME be executed within C File pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. INFORMANT permit. removal CAUSE OF DEATH (Enter only one couse per line for ja), (b), and (c).) INTERVAL BETWEEN NONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 IMMEDIATE CAUSE (o) certificate shauld ward 163 X cremation, DUE TO Conditions, if ony, which gove writing the rise to immediate couse (a). DUE TO stoting the underlying couse farwarded last. burial, WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES NO the certificate. 10 pe 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) agent, priar 3 shauld PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year (State) Hour o.m. foctory, street, office bldg., etc.) may be retained for yaur FUNERAL DIRECTOR: Page Not While ot work designated 21. I certify that I taak charge of the remains described obove, held an Autopsy Inspection Inquiry and in my apinion the funeral director. death resulted from Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY **EXAMINER'S** Health (Nedress (Street, city, tawn, ar county) NAME (Type) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) 23o. BURIAL, CREMATION 50 SEMOVAL (Specify) astung 25b. 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05496 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death funeral pup PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)/ a. COUNTY b. COUNTY North Carolina Montgomery MARYLAND affer by In. Pages c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) illed in by th papers. Pag hin 72 haurs Tarawa Terrace Bethesda 5 days e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS U. S. Naval Hospital Bethesda, Maryland 3007 Saipan Drive YES NO K 3. NAME OF Middle First 4. DATE ¥. Last Month Year letely DECEASED (Type or print) Debra 19 66 Cook April Elaine DEATH 9. AGE (In years S. SEX NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS and compl 6. COLOR OR RACE 7. MARRIED last birthdoy) 10 Feb 1966 Caucasian WIDOWED DIVORCED Female 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) f2. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY and Jacksonville, Fla f4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, J. Anderson Linda Larry L. Cook 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service) 17. INFORMANT 3007 Saipan Addrive 16. SOCIAL SECURITY NO. Larry L. Cook Tarawa Terrace, N. C. signed by the atter burial-transit permi burial, crematian, o 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchopneumonia IMMEDIATE CAUSE (o) the haspital ar attending physician. DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been detached for use as the te Dept. af Health priar to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part f or Part II of item f8.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Day, Year foctory, street, affice bldg., etc.) Not While ot work 21. I certify that (I) (this hospital) attended the deceased fram April 13 , 19 66, ta April 17 . 19 66, that (I) (we) las O HOSPITAL OR ATTEND Page 4 may be retained saw the deceosed alive on April 17 1966, and that death occurred at 150th M, from causes and on the date stated above 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. 18 April 1966 M.D. DIRECTOR director, page 3 shauld be filed v PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Lynch U. S. Naval Hospital. Bethesda. Md. 23b. DATE THEREOF 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23a. BURIAL, CREMATION, BREMOVAL (Specify) East End Cemetery Cadiz, Kentucky 865 ADDRESSOrgia Avenue 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) ocharles W.W. Chambers Funeral Home Silver Spring, Md. 20 M 1/66

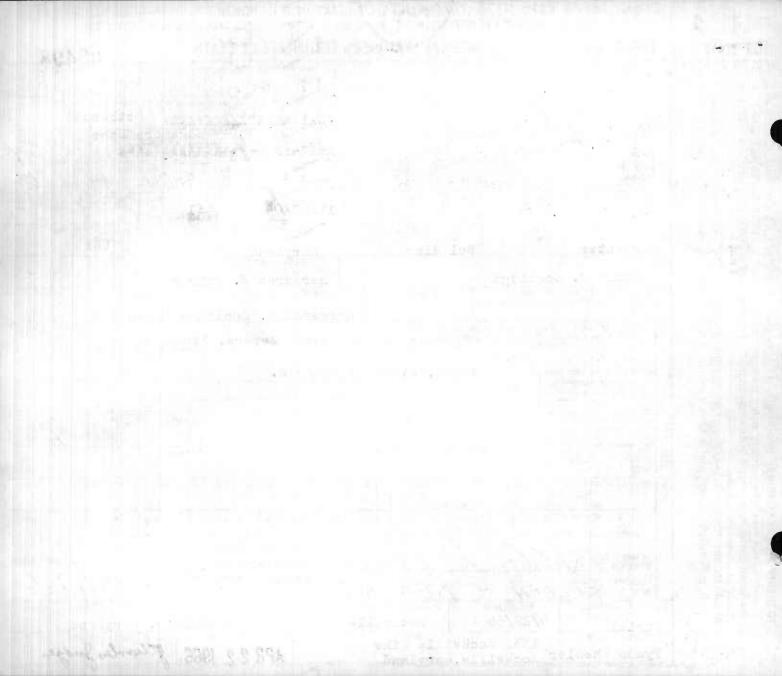
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PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH 24 hours after death, PLACE OF DEATH and USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY by the Pages 1 MARYLANO b. CITY OR-TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) = filled i d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ross Hospita within NO YES completely i 3. NAME OF First Middle DATE Month Oay Year Last DECEASED event, (Type or print) DEATH 196 5. SEX 6. COLOR AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. remove OR RACE 7. MARRIED NEVER MARRIED OATE OF BIRTH 8. last birthday) Months Oays Hours and WIOOWEO [OIVORCEO 5 yrs. 10a. USUAL OCCUPATION (Give kind of work done) physician n please r val, and in = 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Ret. Research Chemist U.S. Gout Navu Dept. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM Then removal Cook harles 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ned by the attence il-transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) Piney Branch Kgad 215-46-0380 ¿ dna ook Maruland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) Jins been s the burian burial, r **OUE TO** Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating prior underlying cause last. as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? CERTIFICATI OF N con con hom YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be det State D factory, street, office bldg., etc.) OIRECTOR: After tage 3 should be defiled with the State Hour a.m. While Not While Page 4 may be retained by at work p.m. 19 at work 21. I certify that (I) (this hospital) attended the deceased from 19 19 19 and that death occurred at 11 400M, from the causes and on the date stated above. saw the deceased alive on. 22b. 22a. SICNATURE DATE SIGNED ATTENDING STAFF M.O. PHYS. DIRECTOR FUNERAL PHYSICIAN'S AOORES director, p 22d. NAME (Type) Spring St. Silver Spring. 101 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Rockur 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Warner 20M 1/65

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2	Q.		Division o		MARYLAND STATE DE ARCH AND RECORDS, 30			YLAND 21201	
FOR ST	TATE	1	05498	MED	ICAL EXAMINER'S	CERTIFICATE OF	DEATH	()5	100
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ony delay is , 2, and 3 to n PM3. Page	tment er deat	4	b. CITY OR TOWN (If outside cor write RURAL ond give neares	porate limits,	c. LENGTH OF STAY IN 16	c. CIIY OR TOWN (If outs	ide corporote limits, write l	RURAY ond give neo Bethesd	orest (own)
If amy 1, 2, arm P.	Depar urs aft	3	d. NAME OF HOSPITAL OR INSTITUTE OF A STATE OF THE STATE	UTION (A not in hospitol, g	ive street oddress)	d. STREET ADDRESS	Edgemo	re Lane	e. IS RESIDENCE ON A FARM?
after death. If a 8. Give Pages 1, alang with farm	72 ha	3.	NAME OF DECEASED	First	Middle ()	lost oc		onth 10	YES NO Year
haurs after death. If a Item 18. Give Pages 1, 2 Office alang with farm	and 2 with the State Department af event within 72 haurs after death.	S.	(Type or print) SEX 6. COLOR O	R RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED DI	8. DATE OF BIRTH 11/22/04	9. AGE (In yeors 60st birthdoy)	IF UNDER 1 YPA Months Doy	
t haurs ltem l	1 and 2 y event	dur	. USUAL OCCUPATION (Give kind of ing most of working life, even if re	f work done 10b. KII tired) 1N	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Stote or	r foreign country)	12. CITIZEN	OF WHAT
within 24 pencil in camper's	pages in any		FATHER'S NAME Edmund B. Co		lding	Maryland 14. MOTHER'S MAIDEN NA		00%	Y. 715
uted w g" in p cal Exa	nit. File al, and	15. (Ye	WAS DECEASED EVER IN U.S. ARM s, no, or unknown) (If yes give w	ED FORCES? 16. S		Margaret E	Ad	dress	M. A. B.
AL EXAMINER: This certificate shauld be executed within 24 haurs after death. execute the certificate, writing the ward "pending" in pencil in Item 18. Give Page ar. Page 4 shauld be farwarded to the Chief Medical Examples, offlice along with for your files.	used as a burial-transit permit. burial, crematian, or remaval,		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSED IMMED		(o), (b), ond (c).) hyxia due to	argaret E. C			INTERVAL BETWEEN ONSET AND DEATH
icate shau ng the wa ded ta the	o e		Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.) (h) ede	ma, etiology	unknown.			
is certif e, writi farwar	e used o buria	ATION	PART II. OTHER SIGNIFICANT CO		O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED? YES NO
ertificational	priar t	CERTIFICATION	2Da. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	20b. DES	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Po	rt I or Port II of item 18.}		
CAMINI re the control of the control	age 3 sl agent,	MEDICAL	2Dc. TIME OF INJURY Month, D Hour o.m. p.m.	Doy, Yeor 2Dd IN While 19 ot work	Not While foct	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	2Df. (City or town)	(County)	(Stote)
MEDICAL EXAMINER: olease execute the certi- director. Page 4 shauld	To FUNERAL DIRECTOR: Page 3 should be used as Health ar its designated agent, priar to burial, a		21. I certify that I to death resulted from:	ok chorge af the rem Natural causes	nains described abave, he	ide 🔲, Homicide [nd in my opinior
ssary, please exfuneral director.	AL DIR		ACTUAL SIGNATURE	Pelen K	paper	M.D. ASSISTANT MEDICAL ASSISTANT MEDICAL ASSISTANT MEDICAL	AL EXAMINER	1/10/	22. DATE SIGNED
necessary, the funeral stands he is	FUNERA FUNERA ealth ar	230	EXAMINER'S RELO BURIAL, CREMATION, 23	b. DATE THEREOF	NEAP M. L. 1 23c. NAME OF CEMETERY OR	Address (Street, c	ity, town, or county) 23d. LOCATION (City or	Town) (Cour	/ 766 nty) (Stote)
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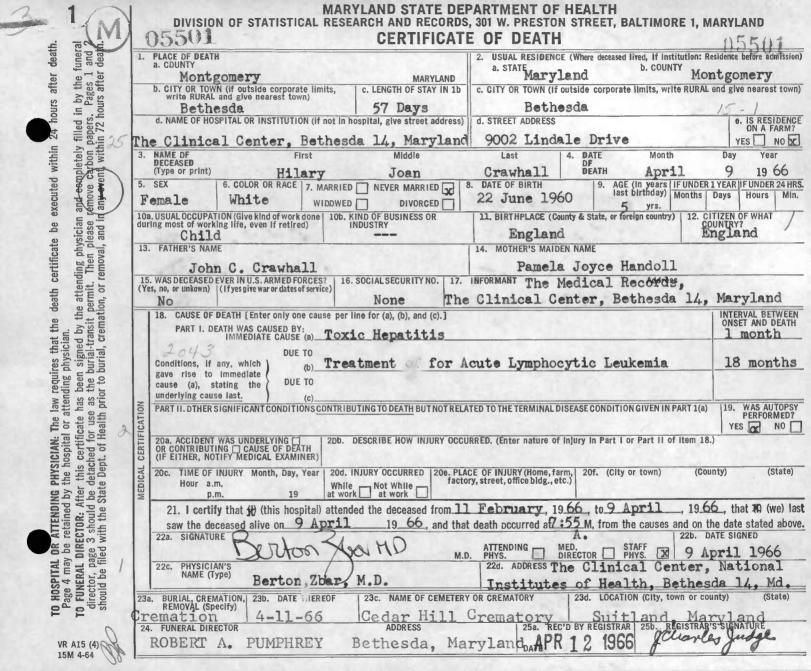


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er death. Sive Pages with for	l and event		10a duri	. USUAL OCCUPAT Ing most of work	ION (GIVE kind of wo	rk dona	1Db. KIN	D OF BUSINESS	PR Ed.	11. BIRTH	PLACE (S	tata or for	elgn country)	12.	CITIZEN	OF WHAT	
生しゅ	s 1							County				rland			US		
irs afte 18. Gi along	pages 1 in any		13.	FATHER'S NAM	E					14. MOTHE		EN NAME					
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4 ii 9	-		(Ye	s, no, or unkown)	(If yes give war or dat	es of service)		OCIAL SECURITY	NO. 17.	INFORMANT			Ad	dress Bri	nklo	V	
thin noil er's	permit.			No				3-1-0-989		lell Tho	mas	18	700 New	Hamps	hire	Ave	TALE EN
CAMINER: This certificate should be executed within 24 hours certificate, writing the word "pending" in pencil in Item 18 uid be forwarded to the Chief Medical Examiner's Office along	Pel		3		DEATH [Enter only EATH WAS CAUSED			e for (a), (b), end shot wo		nock as	nd o	hast			ONS	RVAL DET ET AND D	EATH
er it	a burial-transit cremation, or			901	EATH WAS CAUSED IMMEDIATE CAU	SE (a)	Gun	DHU JUHO.	una,	Heck a	na c	nest,					
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please director.	FUNERAL Health of	84	23a	BURIAL CREW	MATION 23h DAT	E THEREO	OF	23c. NAME OF	CEMETERY				LOCATION (CIT	y, fown or o	ounty) /	(St	ate)
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1 %	MARYLAND STATE DEPARTMENT OF DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTO	HEALTH N STREET, BALTIMORE 1, MARYLAND
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hours after death. d in by the funeral rs. Pages 1 and 2 thours after death.	Moretagnery, Maryland a. State	DE (Where deceased lived, If institution; Residence before admission b. COUNTY
ours after in by the f Pages 1 nours after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda C. LENGTH OF STAY IN 1b C. CITY OF TOWN (If	outside corporate limits, write RURAL and give nearest town
fille pape in 72	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street didress) Subwrban Hospital. d. STREET ADDRESS 93/0	Henville Rd. e. Is RESIDENC ON A FARM? YES ND
i withir npletely carbon ent, with	3. NAME OF First P Middle Last (Type or print) Bernard P Cox	4. DATE DF DEATH 4/21/66 Day Year 19
executed within 24 hours a and completely filled in by remove carbon papers. Pag any event, within 72 hours	5. SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH WIDOWED DIVORCED 9-17-10	9. AGE (In yeers IFUNDER 1 YEAR IFUNDER 24 HR last birthday) Months Deys Hours Min
	Rane Oceaso Construction WASh	ounty & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
that the death certificate be sician. gned by the attending physicial al-transit permit. Then pease al, cremation, or removal, and	23. Eather's NAME F. Cox Sabe	Le Milligen
leath contract the strength of the strength.	15. Was DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes 10, or unkown) (If yes give war or dates of service)	Marie - Some
requires that the death cending physician. s been signed by the attending the burial-transit permit. ior to burial, cremation, or re	18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PONZO 7	Creating 7.3 INTERVAL BETWEEN ONSET AND DEATH
res tha physicia signed ourial-tr	Conditions, If any, which) DUE TO CONDITION of Rect UNIM	3 years
law requires ttending phy has been slg as the buri prior to buri	gave rise to immediate cause (a), stating the underlying cause last.	
PHYSICIAN: The law requestee the hospital or attending the hospital or attending the feached for use as the EDept. of Health prior to	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OF SILVEN BILATEVAL DYEU WOULD	DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
SICIAN: hospital certifi ched fo pt. of H		injury in Part I or Part II of Item 18.)
OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. INECTOR: After this certificate has been slend be 3 should be detached for use as the burial-tranged with the State Dept. of Health prior to burial, created the state of the state	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, fa factory, street, office bldg., e p.m. 1966 at work at work	
TO HOSPITAL OR ATTENDING I Page 4 may be retained by ' FO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	21. I certify that (I) (this hospital) attended the deceased from 4-2, 19 and that death occurred at	to the tity that
L OR A) y be re DIREC age 3 s iled with	22a. SIGNATURE Scally M.D. ATTENDING M.D. PHYS.	MED. STAFF DIRECTOR PHYS. D
Page 4 may be TO FUNERAL DIRECTOR FORERAL DIRECTOR, page 3 should be filed by	22c. PHYSICIAN'S NAME (Type) Takes H Scully 22d. ADDRESS 1835	Sye St N.W Work (
TO H Pag TO Fi dire shon	23a. BURIAL, CREMATION, REMOVAL (Specify) 4/25/66 23c NAME OF CEMETERY OR CREMATORY Gate Of Heaven Cemetery	/23d. LOCATION (City, town or county) (Stete)
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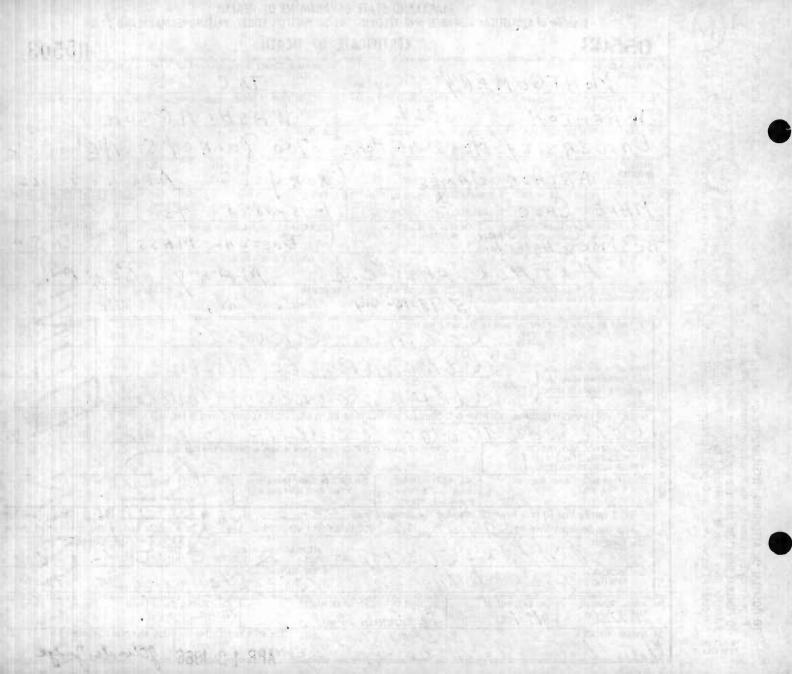
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 05502 requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) campletely filled in by the funeral PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Montgomery Maryland MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) write Bethe saa (Tural) 164 days Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? U. S. Naval Hospital 3 Bristol Drive YES NO X 3. NAME OF Middle First Last 4. DATE Month Year DECEASED CRESSWELL 19 66 Lenard Baker April 25 (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED remove los pirthdoy) Months Hours July 18, 1901 Yang. male Cauc WIDOWED DIVORCED dap 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? the attending physician sit permit. Then please ond Lexington, Mississippi USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ella Meek Baker Oliver May Cresswell IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Annapolis. Md. Address 16. SOCIAL SECURITY NO. (Yes, no, orunknown) (If yes, give war or dates of service 6-18-24 to 6-30-56 425 78 0653 Mrs. Emilia B. Cresswell, 3 Bristol Dr./ 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bacterial endocarditis associated with IMMEDIATE CAUSE (o) signed by bronchial pneumonia 4300 DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS' PERFORMED? Severe generalized arteriosclerosis YES NO the haspital ar far 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) 21. I certify that PK (this haspital) attended the deceased fram Nov. 22 , 1966, ta April 25, 1966, that PK (we) last Page 4 may be retained saw the deceased olive on April 25 1966, and that death accurred at 750A M, from causes and on the date stated above 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR . April 26, 1966 directar, page 3 should be filed v M.D. 22c. PHYSICIAN'S U. S. Naval Hospital, Bethesda, Md. S. J. Barcay, M. D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION. 23b. DATE THEREOF (County) (Stote) BMOVAL (Specify) April 28,196 Arlington National Cemetery Arlington, Virginia 24. FUNERAL DIRECTOR. A. Pumphrey FuneralDollome 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 7557 Wisconsin Ave., Bethesda, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05503 24 haurs after death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY 10 NTGOMER MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ATOM appers. HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 700 HOME NO I ATTENDING PHYSICIAN: The law requires that the death certificate be executed within NAME OF Middle DATE Month Doy Year DECEASED ARTHO OF DEATH (Type or print) 1966 IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Davs Haurs WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT BUSIMESS Agent during most of working life, even if retired) INDUSTRY MASS 14. MOTHER'S MAIDEN NAME NOW AN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service) 17. INFORMANT d Blanche A (nonu. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).
PART 1. DEATH WAS CAUSED 8Y: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO this certificate has been signed Conditions, if ony, which gave 3 moul4 (b) rise to immediate cause (o), DUE TO stating the underlying couse ed far use as the af Health priar to lost. PART_IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO WAS AUTOPSY PERFORMED? CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port Not item OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, affice bldg., etc.) Not While at wark 21. I certify that (I) (this hospital) attended the deceased from. sow the deceased alive on 1966 and that death accurred at VP. M, from causes and on the date stated above O FUNERAL DIRECTOR: 220. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR director, page should be filed PLYSICIAN'S 22d. ADDRESS NAME (Type) nmone director, 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) 400 (0 Md. Lincoln Cemetery FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	LAND
FOR STATE	05504 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	504 /
HEALTH DEPT		nce before admission;
cessary, the funeral e 5 may be Department after death.	C C MARTOND	give nearest town)
cessal the funer 5 may Departme	Bethesda (rural) 20 minutes Washington	RDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 'S CERTIFICATE OF DEATH 55 4
ge 5 after Dept.		DEATH () 55 () 4 deceased lived, If institution: Residence before admission) of Columbia corporate limits, write RURAL and give nearest town) on (a. Is RESIDENCE ON A FARM? YES NO E E Month Day Year OTH April 20 19 66 9. Age (in years If UNDER I YEAR IF UNDER 24 HRS Jast birthday) To yrs. 12. CITIZEN OF WHAT COUNTRY? USA eves Address Wash. D.C. ngham, 5415 Conn. Ave., N.W. INTERVAL BETWEEN ONSET AND OEATH Lisease ONDITION GIVEN IN PART 1(a) Part I or Part II of Item 18.) (City or town) (County) (County) (State) AMINER Arlington, Virginia GISTRAR 25b. REGISTRAR'S SIGNATURE GISTRAR 25b. REGISTRAR'S SIGNATURE
Page Page State		YES NO 🗵
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er dea ive Pa with L and event	10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (State or foreign country) 12, CITIZE	N OF WHAT
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within pencil li miner's permit. removal	1 18. CAUSE DF DEATH Fenter only one cause per line for (a), (b), and (c), 1	TERVAL BETWEEN
uted within in pencil	PART I. DEATH WAS CAUSEO BY: Congestive heart failure	NSET AND DEATH
d be executed "pending" in f Medical Exan burial-transit cremation, or i	4221 DUE TO	
d be execu "pending" Medical burial-tran cremation,	Conditions, If any, which Arteriosclerotic cardiovascular disease	
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ate should "he Chief he chief he burial, cre	underlying ceuse lest.) (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1	
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d to d to be u	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)	
writ writ arde arde t, pr		(04-4-1
INER. This certificate, writing be forwarded to ge 3 should be ed agent, prior		(State)
Pag Pag		nd in my opinion
EXAMINEI the certifica 4 should be ir files. CTOR: Page designated	A, interest of the state of the	
		22. DATE SIGNED
MED. xecute Page for you	SIGNATURE M.O. ASSISTANT MEDICAL EXAMINER	
P 2 - P - V	FYAMINER'S	
D DEPUTY please est director. retained FUNERA of Health	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	
01 de 12 de	Burial April 25/66 Arlington National Cemeterly Arlington, Virgin	
VR ALSME (5)	Through a Throng 1 Home 1200 N C+ N M Maghington	O des
5M 1/65	D. C. DARET N 2 D 1966 fectively	judge

. ARRES . CONTRACTOR na lados Lagrangalana a enos est Commonstra cere failure Arterjeselaretic cardicvacular disease April 25/66/25 the Fall option 199/25 times a podpitalnije. .vi. il. foro bost, mest gluminos s' preside

1 1/6	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	05505 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (15505)
HEALTH DEPT	1. PLACE OF DEATH e. COUNTY ALOUS TELESCOPE (Where deceased lived, If institution: Residence before admission e. STATE D. COUNTY ALOUS TELESCOPE (Where deceased lived, If institution: Residence before admission e. STATE
2 6 2 K	MARYLAND MARYLAND
uner uner deat t	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Support of the corporate limits, write RURAL and give nearest town)
S m 55 m	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
Page State D hours at	Route-# 2-Berryille-Rol. Berry Ville-Rol- Route #2 YES NO 18
M3. Front 72 hou	3. NAME OF First Middle Lest 4. DATE Month Day Year OF DECEASED (Type or print) William. Vincent-Dameron DEATH APril 24 1966
f an 1, 2, 1 PA 1 PA 1 PA 1 In 7	5. SEX 6. COLOR OR RACE 7. MARQUED 8. DATE OF BIRTH 19. AGE (ID years LIFUNDER 1 YEAR HE UNDER 24 HRS
ges form	W- WIDOWED DIVORCED 9eb 15, 1901 6,5 yrs. Months Deys Hours Min.
dea Pa and vith vent	10a. USUAL OCCUPATION (Give kind of work done of the local land) 10b. KIND OF BUSINESS OR of the local land of working life, even if retired of lindustry 11b. BIRTHPLACE (State or foreign country) 12c. CITIZEN OF WHAT COUNTRY?
after age	Ret Representative Machinests Union West Moreland, Va. U. S. A.
alo alo	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
tho ffice file	Robert Edward 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
hin 24 cil in rr's 0 nit. F nit. F	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng., or unknown) (If yes give way or dates of service) 161-10-6053 Mrs. Monica Dameron Germantown, Md.
l within pencil miner's permit.	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c),] PART I. DEATH WAS CAUSED BY: (a) Hemographoge Intra Ceberbral-Right Frontal Sudden
executed ding" in ical Exal I-transit Ition, or	PART I. DEATH WAS CAUSED BY: Hemorrhoge Intra Ceberbral. Right Frontal ONSET AND DEATH IMMEDIATE CAUSE (8) Hemorrhoge Intra Ceberbral. Right Frontal
execution distribution and ion	conditions, if eny, which DUE TO Cebral. Arterio Sclerosis - Severe - Gears -
d be "per Med buris	gave rise to immediate (DUE TO
a ede	underlying cause lest. (c) Generalized Anierio Sererosis
ate sho ne wor the Chi sed as burial	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO CONTRIBUTION
certifica riting th ded to ti	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
writi ardec ould t, pri	
icate, write of forward forward a shoul forward a shoul forward forwar	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work at work at work
tMIN ld b Pag Page	21. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 🗷, Inquiry 💢 and in my opinio
EXAMINE the certific 4 should be if files. CTOR: Page designated	death resulted from: Natural causes 💢, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner 🗌
2 H W	ACTUAL CHIEF MEDICAL EXAMINER () 22. DATE SIGNED
MEDI kecute Page for your	SIGNATURE DEPUTY MEDICAL EVAMINED 12 4/2 5/10
> 2	EXAMINER'S NAME (Type) John G. Ball 7936 Old Geo TRd. Address (Street, city, town, or county) Bethesda, Md.
Daire a	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
200-20	24 CINIFEA INDESTREE 1 256. REC'D BY REGISTRAR'S SIGNATURE
VR ALSME (5)	Warner E. Pumphrey, Inc. Silver Spring, Md. DAPR 29 1966 yellarles Judge
5M 1/65	

1.0-5.00 E.L. - 1950 Car Address Buden him will be with the LINE STORY William Marcan 25 1000 1000 West Three Land UK Cor Money Substitute Haylu a character in the the constitute of the term beat of that the other the course Lobert Arterio Scholas Landon Commence Approximation of the active and the second John G. Salt. 3436 Cell year Pal. STORTED IN ST. Marit 1 Tark Dark Jones in Constituty Printed Galleria Co. 114. The second se

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND naru c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares frown) Silver Spring Dyattouille d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS papers in 72 nin ON A FARM? 620 Sheradan ND X YES bon p letely NAME OF Middle Last DATE Month Day Year DECEASED trances. event, XXX 4 (Type or print) MARY DAVIS DEATH 29 19 executed 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS remove 7. MARRIED NEVER MARRIED last birthday) Months Hours any 1892 WIDOWED X DIVORCED 5 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 1Db. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) lease and is during most of working life, even If retired) COUNTRY? INDUSTRY *dousemente* Own home certificate ם removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phermit. Then Robert Orville Reichard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 0 (Yes, no, or unkown) (If yes give war or dates of service) No None cremation, the CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH I-transi PART 1. DEATH WAS CAUSED BY: attending physician. been signed the burial-transor to burial, cre IMMEDIATE CAUSE (a) DUE TO ioscleran Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY for use Health PERFORMED? certificate NO F YES this cerum detached for 20a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part i or Part II of Item 18.) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) be de State Hour a.m. While Not While at work at work FUNERAL DIRECTOR: Affirector, page 3 should thould be filed with the S d the deceased from Feb & 1966, to present, 19, that (I) (we) last 27-19 66, and that death occurred at 232M, from the causes and on the date stated above. 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on M DATE SIGNED 22a. SIGNATURE MED. DIRECTOR STAFF 66 Mulun TO FUNERAL director, p should be 22c. PHYSICIAN'S ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Fort Lincoln Cemetery Prince George Burial **FUNERAL DIRECTOR** 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S VR A15 (4) 20M 1/65

- X

1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
HEALTH DEPT	MEDICAL EXAMINER'S CERTIFICATE OF DEATH (1551)6
HEALIH DELA	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 3. STATE 5. COUNTY 6. COUNTY 7.
N 2 2 2 2 2	MARYLAND MERELLAND MENELLAND
tuneral funeral may be artment r death	b. CTY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
0 0 0	silver spring of spr. silver spring
De offe	d. NAME OF HOSPITAL OR INSTITUTION (Utility in hospital, give street address) d. STREET ADDRESS
Page State hours	11 d casley street 11 d casley street YES NO S
	3. NAME OF DECEASED ART First FIRST Middle Last 4. DATE Month Day Year
10,10 - 1	5. SEX 6. COLOR OB: AGE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (IM years IF UNDER 1 YEAR IF UNDE
ted within 24 hours after death. If a in pencil in item 18. Give Pages 1, 3. Examiner's Office along with form F sit permit. File pages 1 and 2 with or removal, and in any event within	MARRIED NEVER MARRIED TO A STATE OF THE STAT
Page th form	10a, USUAL OCCUPATION (Give kind of work done) 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (State or foceign country) 12. CITIZEN OF WHAT
er dea sive Pa with 1 and event	COUNTRY?
n 18. G a along pages 1 in any	13. FATHER'S, NAME 12.
ours pag	A Mc CANN Vollenche Greve
24 ho office office and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. 12. 12. 13. 14. 14. 15
in 2 il in 's ((Yes, no, or unkown) (If yes gire war or dates of service) 578-28-4408 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
within 2 pencil in miner's permit.	A CONTRACT OF THE CONTRACT OF
in p in p iit p or r	PART I. DEATH WAS CAUSED BY: IMPROVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
uid be executed "pending" in "pending" in Medical Exan burial-transit cremation, or	72/0 DUE TO
dicz dicz dicz aal-t	Conditions, if any, which \ (b) with aspiration of gastric contents.
d be We Me	geve rise to immediate couse (a), stating the DUE TO
ord hief hief	underlying cause lest. (c)
EXAMINER: This certificate should be executed within 24 house certificate, writing the word "pending" in pencil in Item should be forwarded to the Chief Medical Examiner's Office files. TOR: Page 3 should be used as a burial-transit permit. File plesignated agent, prior to burial, cremation, or removal, and in	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
to the the	₹ YES NO □
ER. This certificate, writing forwarded to 3 should be agent, prior	20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURREO. (Enter nature of Injury in Part I or Part II of Item 18.) Describe How Injury occurred. (Enter nature of Injury in Part I or Part II of Item 18.)
wri wri ard ould t, p	
R. Ti forw forw 3 sh agen	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While at work at work A work Month at work A
pe de	6:00 Km. 4/23 19 66 at work Not While Not While Home Silver Spring Montg Md.
EXAMINE The certification of t	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
cute coage 4 shour rises of the coage rises of the	death resulted from Natural causes Accident , Suicide , Homicide , Undetermined manner
S C C	ACTUAL CHIEF MEDICAL EXAMINER 22. DATE SIGNED
Page I for you IAL DIRE	SIGNATURE SIGNATURE DEPUTY MEDICAL EXAMINER 22. DATE SIGNED
ERAI 2	EXAMINER'S BELDEN R. REAP M. D. Address (Street, City, town, or county) 7 92/1966
O DEPUTY ME please execution of Health or the last of	23a BURIAL CREMATION 23b OATE THEREOF 23c NAME OF CENTIERY OR CREMATORY 23d, LOCATION (City, town or county) (State)
direct ret	Burial (Specify) 27 April 1966 Rest Haven Cemetery Hagerstown, Md.
1	24. FUNERAL DIRECTOR SHOTHAS 8434 GEORGIS AVENUE 250. REGISTRAR 250. REGISTRAR'S SIGNATURE
VR AI 5ME (5) 5M 1/65	Warner E. Pumphrey, Inc. Silver Spring, Md. OATH PR 27 1966 Mclayle Judge

Disk More THE RESIDENCE TO A SECURITION OF THE PARTY O Sweet Till Apell 1966 Kat haven Centeco . Hageschoot, Ital. District C. Parrises, Var. School State Property 1928 1928 1928 1924

X 1 W	N _I	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARY	YLAND 21201
FOR STATE	2	05508 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05507
HEALTH DEPT.	1.	PLACE OF DEATH O. COUNTY MARYLAND O. STATE D. COUNTY MARYLAND O. STATE D. COUNTY	tution: Residence before admission)
2, and 3 to PM3. Page spartment af after death.		b. CITY OR TOWN (If outside corporate limits, write R STAY IN 1b c. CITY OR TOWN (If outside corporate limits) write R STAY IN 1b c. CITY OR TOWN (If outside corporate limits) write R STAY IN 1b	RURAL and give nearest town)
r death. If any delay is ve Pages 1, 2, and 3 to 3 with farm PM3. Page the State Department of in 72 haurs after death.	1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Uash. Jan. 2 (402), 7611 Dengia	Cove . e. IS RESIDENCE ON A FARM? YES NO X
ive Pag g with the Sta		(Type or print) // ELVERTA DIFFENBAUGH DEATH COR	Doy Year 1966
urs afte		SEX 6. COLOR OR RACE 7. MARKIED NEVER MARRIED B. DATE OF SURTH POOR COST DIVINION OF S	Months Doys Hours Min.
thin 24 hau ancil in Item miner's Offic pages I and in any ever	du	Jo. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country). 11. BIRTHPLACE (Stote or foreign country).	12. CITIZEN OF WHAT DUNTRY?
d within in pencil Examin	11	Frank Nesterode Della O'/fa	ra dress
ding" ii dedical hedical permit. maval,	()	res, no. or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	INTERVAL BETWEEN
shauld be executed the ward "pending" is the Chief Medical burial-transit permit.		PART I. DEATH WAS CAUSED BY: Massive exsanguination due to ruptured 4621 DUE TO	
INNER: This certificate shauld be executed within 24 haurs after death. If a ne certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, shauld be farwarded to the Chief Medical Examiner's Office along with farm files. 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Depart, prior to burial, cremation, or remaval, and in any event within 72 haurs of		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. (b) esophageal varices. (c) DUE TO (c)	
is certifie, writifarward	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
MINER: This of the certificate, 4 shauld be far if files. e 3 should be u gent, prior to the	L CERTIFICATION		
e execute the certitor. Page 4 shaultes. ed for your files. CTOR. Page 3 should signated agent, pri	MEDICAL	p.m. '' of work in all work in	(County) (State)
necessary, please execute the certificate, writthe funeral director. Page 4 shauld be farwar 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should be used Health ar its designated agent, prior to burio		deoth resulted from: Notural couses , Accident , Suicide , Hamicide , Undetermined r	quiry ond in my opinion
JTY MELLA ITY, please e. eral director. be retained RAL DIRECT ar its design		ACTUAL SIGNATURE Delcler Chief Medical Examiner Assistant Medical Examiner Devity Medical Examiner Dev	22. DATE SIGNED
O DEPUTY ME necessary, plea the funeral dire 5 may be retail 0 FUNERAL DIR Health ar its d	23	EXAMINER'S RAME (Type) 2 ELD EN RESPONSE PROPRIED ADDRESS (STEEL, OH), TOWN, OF COUNTY) BO. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CREMETERY OF CREMATORY 23d. LOCATION (City of T	1000) (County) (Stote)
5 = = 2 5 ±		REMOVAL (Specify) Cremation 4-5-1966 Cedar Hill Crematory Suitland 4. FUNERAL DIRECTOR 250, RECO BY REGISTRAR 250,	Md SECSTRAR'S SIGNATURE
VR A15ME (5)		Joseph G awler's Sons, Incores Wash. DC ave. N.W. Wash. DC ave. 1966	Charles Judge



-	1 (M)	DIVISION OF STATIS	MARYLA	ND STATE DEF	PARTMENT OF	F HEALTH	ITIMORE 1 M	ΑΡΥΙ ΑΝΠ
-	4 824	0	5509		CERTIFICATI				05508
	funeral and 2 r death.	1.	PLACE OF DEATH			2. USUAL RESIDEN	CE (Where deceased li-	red, If institution: Re	esidence before admission)
	ours after d in by the fu Pages 1 a nours after d		MONTGO MER	prate limits c	MARYLAND ENGTH OF STAY IN 1b	MAN IVIAN	YLAND OUTSIDE	11/0	nTo-omeRy and give nearest town)
	hours and in by ers. Pag 2 hours		write RURAL and give nearest	RINI C	13 /2 hr	1	vator	mins, write KOKAL	16 - 1
	24 hours filled in papers. Fin 72 hou		d. NAME OF HOSPITAL OR INSTITU	TION (if not In hospita	I, give street address)	d. STREET ADDRESS		0 -	e. IS RESIDENCE ON A FARM?
	in 2 ily fil ithin	3.	HOLY EROSS	HOSPIT	AL	9406	AMBLER	NR IVE	YES NO
	be executed within 24 hours are cian and completely filled in by ase remove carbon papers. Pagend in any event, within 72 hours		DECFASED ~_	First OCES	Middle 7	Last	4. DATE DF DEATH	Month 1PR 1/_	Oay Year 3 1966
	comple ove carby event,	5.	6. COLOR OR RAC		IEVER MARRIED	B. DATE OF BIRTH	9. AGE (YEAR IF UNOER 24 HRS. Days Hours Min.
	n and remoin any	10a.	USUAL OCCUPATION (Give kind of wo	WIDOWEO ORK done 10b, KIND O	DIVORCEO DI F BUSINESS OR	2/16/26	County & State, or force	yrs. L	17 TIZEN OF WHAT
	0 0000	durin	g most of working life, even If ret DUSEWLIE	ired) INOUST	RY	WASH.	DC.	US	UNTRY?
	夏夏夏		FATHER'S NAME		Sallo Alea	14. MOTHER'S MAI		(200)	State State
	nding removed	15.	Lawrence B. Mo:	FORCES? 16. SOCIA	ALSECURITY NO. 17.	Helen	Gleason	Address	
	atte atte	(Yes,	no, or unkown) (If yes give war or dat	es of service)	nown J.E		3404 Ni		,Kensingto
	be asit t		18. CAUSE OF DEATH [Enter only					Md	INTERVAL BETWEEN ONSET AND DEATH
	es that the ohysician. signed by the urial-transit urial, cremant		PART I. OEATH WAS CAUSEO IMMEDIATE CAU	SE (a)	Tic I-	ALLURE.			MONTHS
	physical sign sign sign surial purial		Conditions, If any, which	UE TO CIRI	240513	SF LIVE	R	1000	YEARS
	requires the ding physic been signed the burial-to burial.		cause (a), stuting the	UE TO					
	law attendate has as as as as as		underlying cause last. PART II. OTHER SIGNIFICANT CONOI	(c)TIONS CONTRIBUTING	TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY
	The cate or use leadth	CAT	Cirryosis	S OF THE	LIVER.	SEVERE	v		PERFORMEO? YES NO
	PHYSICIAN: The law req y the hospital or attending er this certificate has been edeached for use as the ate Dept, of Health prior to the period of the state of t	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF O (IF EITHER, NOTIFY MEDICAL EXA	EATH MINER) 20b. OESCR	IBE HOW INJURY OCOU	RRED. (Enter nature o	f Injury in Part I or	Part II of Item 18.)	
	After this ce State Dept.	CAL	20c. TIME OF INJURY Month, Oa		OCCURREO 20e. PLAC	CE OF INJURY (Home, f	arm, 20f. (City or	town) (Cour	nty) (State)
	be de State	MEDI	Hour a.m. p.m.	19 While N	ot While at work), street, office blug.,	0	/	
	Sined ained ained ained ained in the the		21. I certify that (I) (this he	ospital) attended the	//	7	9 6 to 97	3, 19/2	that (I) (we) last
	RECTO	-	saw the deceased alive on 22a. SIGNATURE		1900, and that	death occurred at		22b. DA	e date stated above.
	AL OR Lay be page filled	-	22c. PHYSICIAN'S	Valle	76 M.D.	ATTENDING PHYS.	MED. STA	rs. 0 4-	4-06
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creasing the contraction of the prior of th		NAME (Type) ABRAH	Am WDA	NISH	1106	SPPING S	57 5	S' MD.
	Page TO FU director	23a.	REMOVAL (Specify)	E THEREOF 23c				city, town or coungton, Va	
	Trest to	24.	FUNERAL DIRECTOR	66 A	rlington N		C'D BY REGISTRAR	25b. REGISTRAR'S	
	VR AI5 (4) 20M 1/65	Ro	bert A. Pumph	rey F.H.	Bethesda,	Md. OAPR	7 1966	geliante	Judge.
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MONTSOMERY WATERING MENTERNING SIGNER SPRINGE 13 /2 LW MENSINGTON HOLY CLOSS HOSPITHL YADGE AMBLER DRIVE E JARA SONOHOE - SONAHOE APRIL 3 2/16/26 40 WHEH. D.D. in the result of ARRIVE THISHE. CINAMED OF THE LIVER, SEVERE. . No. 10 Committee . The Committee of th THE PERSON NAMED AND DESCRIPTION OF THE PARTY OF THE PART

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Montgomery b. COUNTY after Mary and MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours Silver Spring 3 Hours Martinsyury = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) papers. filled d. STREET AOORESS e. IS RESIDENCE ON A FARM? Whites Ferry Rd. Holy Cross YES NO within etely carbon NAME OF First Middle OATE Last 4. Month Year Day 3 DECEASED (Type or print) Edna Mae DEATH April Dorsey 1966 executed SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Oays | Hours | Min. and any Oavs Hours WIDOWEO X DIVORCEO [12-3-08 = 10a. USUAL OCCUPATION (Give kind of workdone! 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Maryland USA death certificate 급 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME Robert Fairfax Sarah G. Johnson 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) cremation. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN al-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial, burial, DUE TO Conditions, If any, which gave rise to Immediate the DUE TO prior underlying cause last. 38 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 19. WAS AUTOPSY TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? Heal YES 1 NO T 0 PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While be at work at work the 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last DIRECTOR: and that death occurred at 10 PM, from the causes and on the date stated above. saw the deceased alive on 1966 22a. SIGNATURE DATE SIGNED 22b. MED M.O. DIRECTOR PHYS. PHYS. HOSPITAL PHYSICUM'S FUNERAL 22c. 22d. ADDRESS NAME Type director, plnods LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. (State) Church. Warren Martinsburg, Ma. **ADDRESS** REC'D BY REGISTRAR Rockville, VR A15 (4) 20M 1/65

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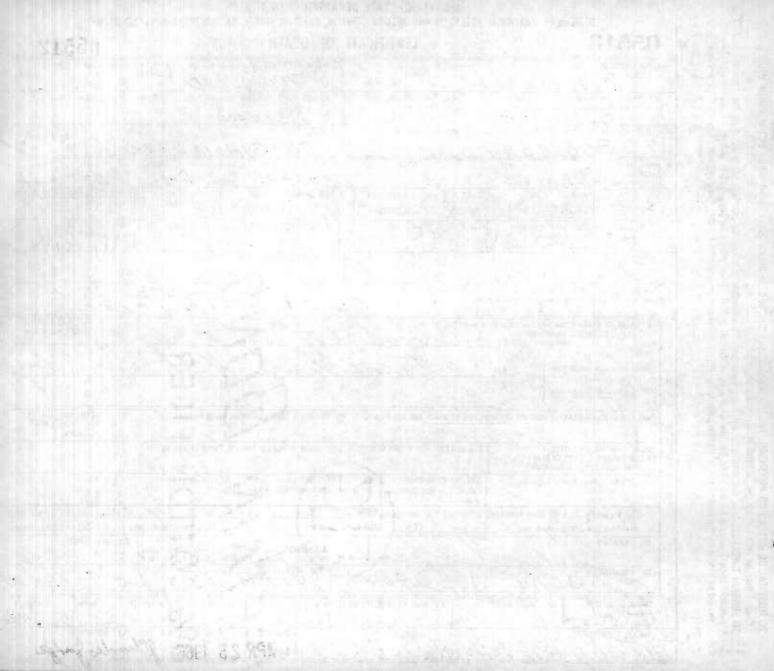
713			MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE			05511 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05510
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cer cer ould	TOR: Pa lesignat		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from Natural causes Accident, Suicide, Homicide, Undetermined manner
rice cale ge 4 sh your fi	DIRECTOR: r its design		CHIEF MEDICAL EXAMINER
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			EXAMINER'S BELLEN R. KEAP M. Daddress (street, city, town, on county) 42466
DEPUT please e director.	FUN	1	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
D Jaip a	10		Arlington National Arlington, Virginia Address 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	5ME (5)		The S. H. Hines Company -2901 14th StAPR 26 1966 Icharles Judge
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DIVISION OF STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY VIONTGOMERY MARYLAND MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town write RURAL end giva naarest town) ROCKVILLE) MB d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat address) e. IS RESIDENCE NINA YES NO 3. NAME OF 4. DATE DECEASED OF (Type or print) COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 10s. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) WASHINGTON , MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one causa par line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: CARDIAC FAILURE IMMEDIATE CAUSE (e) DUE TO CARCINOM ATOSIS Conditions, if any, which' gave rise to immediate ceusa DUE TO (a), stating the underlying ARCINOMA DESCENDING COLON PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED PERFORMED WITH ULD MYECARDIAL INFARCTION 20a. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Dey, Yeer | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) fectory, street, offica bldg., etc.) Whila Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from FEBRUARY, 1965 to APRIL 15, 1966 that (I) (we) last 22a. SIGNATURE ATTENDING DIRECTOR 22d. ADDRESS 22c. PHÝSICIAN'S NET BLOG ROCKVILLE, MAK 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) REMOVAL (Specify) Arlington Nat'l. Cem. Arlington, Va. 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** seph Gawler's Sons Inc. 30 Wisc Ave N. W. Wash. DC. VR A15 (4) 15M 7-62

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05513 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 naurs after death the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town haurs CR WOOD d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled in OR INSTITUTION (If not in hospital, give street oddress) papers. hin 72 YES NO L NAME OF Middle 4 DATE **First** Lost Doy Year DECEASED 1966 (Type or print) DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours Dovs X WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11, BIRTHPLACE (County & Stote, or foreign country) remaval, and in during most of working life, even if retired) INDUSTRY COUNTRY? physician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI man EGGEMANN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unknown) (If yes give wor or dotes of service) ar crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) þ DUE TO signed burial Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse the haspital ar attending this certificate has been (c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH State Dept. af detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While ot work TO FUNERAL DIRECTOR: After apend, 1966, to 2 30penf, 1966, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram 21 be retained saw the deceased alive an Z 3 asky 1966, and that death accurred at 1258 M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR directar, page 3 shauld be filed v PHYS. 22d. ADDRESS 22c. PHYSICIAN TO HOSPITAL NAME (Type) 23o. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF 23d. AOCATION (City or Town (County) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURI ELLINERAL DIRECTOR VR A15 (4) 20 M 1/66 1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Montgomery Maryland Montgomery MARYLAND Department after death. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral nould be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase Chase Chevv d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? State Cumberland Street 4412 Cumberland Street NOX YES 3. NAME OF First Lest Month Day the 72 DECEASED B veling ton DuBOIS 19 April 19 66 ARMAND DEATH (Type or print) with 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) | Months | Days Oct. Male WIDOWED DIVORCED and 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? S. Gov't New York ges 1 Attorney 13. FATHER'S NAME Buding ton pag Chester DuBois File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Same as Item 2. (Yes, no, or unkown) (If yes give war or dates of service) permit. I Alexandria P. 216-44-4145 No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET DE BEATH Monoxide burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the . 0 underlying cause last, (C) used as to burial WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION YES T NO X 20a. EXTERNAL CAUSE WAS PRIMARY OF DEATH. ld be 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) and ran-motor. Sat in his Ear in a closed garage 3 should MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home. farm. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour Not While 10236-61314714 at work at work designated Inquiry X, Pa 21. I certify that took charge of the remains described above, held an Autopsy Inspection and In my opinion should DIRECTOR: Undetermined manner death resulted from: Natural causes Suicide X. HomicIde Accident CHIEF MEDICAL EXAMINER your ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE for 0 DEPUTY MEDICAL EXAMINER FUNERAL Health DEPUTY EXAMINER'S BALL please ex director. retained G. Bethesda, Md. NAME (Type) Address (Street, city, town, or county) 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 0 Cedar Hill Crematory Suitland. Maryland 4-20-66 Cremation 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b. ADDRESS FUNERAL DIRECTOR Marylando Bethesda. VR A15ME 3500 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral and de at PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE after ve carbon papers. Pages 1 event, within 72 hours after b. CITY OR TOWN/(if outside corporate limits, write RURAL and give nearest town) MARY! AND c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENCTH OF STAY IN 1b hours = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO DE YES etely 3. NAME OF DAT Middle 4. OECEASED compli (Type or print) DEATH 5. SEX 6. COLOR OR RACE | 7. MARRIED OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) | Months | Days 8. remove NEVER MARRIEO Months Days Hours any and WIOOWED' DIVORCEO 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INOUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician ease during most of working life, even if retired) COUNTRY? certificate ₫ 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending ph ermit. Then remova 67 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 5 death (Yes, no, or unkown) | (If yes give war or dates of service) w.w Vier P. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN cremat -transit ONSET AND DEATH þ PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) signed burial, 0 DUE TO buri Conditions, if any, which peen gave rise to immediate 古古 DUE TO cause (a), stating the underlying cause last. as (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? use Health certificate PHYSICIAN: The CERTIFICAT YES TH NO T 6 is ce. 20a. ACCIOENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Month, Oav. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) det factory, street office bldg., etc.) be de State Hour a.m. While Not While After ATTENDING p.m/ at work at work ould the 196 2. 19 66, that (I) (we) last 21. I certify that AD (th attended the deceased from DIRECTOR: age 3 should led with the deceased alive on and that death occurred a 30 CM, from the causes and on the date stated above. SIENATURE 22b. DATE SICNED 22a. page ATTENDING M.D. PHYS. **OIRECTOR** may director, pa TO HOSPITAL 22C. HHYSICIAN'S NAME (Type) 22d. AODRESS BURIAL, CREMATION, OATE THEREOF NAME OF CEMETERY OR CREMATORY 23b. 23d. LOCATION (City, town or county) (State) NETON URIC FUNERAL DIRECTOR ADDRESS 25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SICNATURE VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. PLACE OF DEATH after death. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY filled in by the fu papers. Pages 1 a hin 72 hours after d b. COUNTY a. STATE Montgomery Maryland Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Bethesda Bethesda d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? 24 within 9005 Mohawk Lane Congressional Manor Sanitarium NO SE YES executed within completely carbon NAME OF First DATE Middle Eadeh Last 4. Month Oav Year DECEASED event, PAUL. K. APTI (Type or print) EADAH DEATH 196/ SFX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIEO NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months 0avs Hours Male Caucasian 7/28/82 WIOOWED [OIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) = 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe INOUSTRY COUNTRY? Importer Inport-Export Jordan IIS A O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician. 13. FATHER'S NAME Eadeh 14. MOTHER'S MAJOEN NAME remova attending trmit. Then Khallel Eadah Katherin Totah 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT #2 above same as (Yes, no, or unkown) (If yes give war or dates of service) 225-42-0758 Jessie Eliot Eadah, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN certificate has been signed by the for use as the burial-transit t. of Health prior to burial, cremat ONSET AND DEATH PART I. OEATH WAS CAUSED BY 50177 IMMEDIATE CAUSE (a) OUF TO Asterio Sclerosis Generalized. Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? CERTIFICAT NO X YES 20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) this certification detached for pept. of P OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 0 Hour After a.m. While at work Not While Stat ATTENDING at work to FUNERAL DIRECTOR: A director, page 3 should should be filed with the 3 21. I certify that (I) (this hospital) attended the deceased from 19 ___, that (I) (we) last saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE 22b. OATE SIGNED ATTENOING PHYS. STAFF PHYS. 4/21/66 M.O. DIRECTOR PHYSIOTAN'S 22c. 22d. AODRESS Md. NAME (Type) John G. Ball Georgetown Rd., Bethesda BURIAL, CREMATION, 23b. REMOVAL (Specify) OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 4/25/66 Rock Creek Cemetery Washington Burial
24. FUNERAL DIRECTOR ADORESS 25a. REC'D BY REGISTRAR | 25b. Jos. Gawler's Sons, Inc., Wash., D.C.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05517 05516 HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Montgomery P.M.3. Page o. COUNTY a. STATE b. COUNTY 0 af a MARYLAND delay Department c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carporote limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town and write RURAL and give nearest tawn) after d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE hours ON A FARM? Give Pages ABTOOK. D. YES NO X 24 haurs after death. alang with NAME OF 4 DATE Doy Year DECEASED 1966 orVeu dmenston (Type or print) DEATH 6. COLOR OR RACE 5. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED hirthday) Months Doys Haurs Item 18. WIDOWED DIVORCED d "pending" in pencil in Item 1 Chief Medical Examiner's Office eve 10a. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired)
Deputy Chief **INDUSTRY** Washington D.C. pages I in any Edera. be executed within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edmonston Bessie Coker David B. pup 17. INFORMANT 430.7 Lynbrook ADT. Bethesda. Md 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, na, ar unknown) (If yes give war ar dates af service removal. Wife. Helen Dyre Edmonston 578-56-5002 no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN emorrhagic Ponereatitis Acutet burial-transit PART I. DEATH WAS CAUSED BY ONSET, AND DEATH ö IMMEDIATE CAUSE (a) certificate shauld writing the ward crematian, DUE TO acute Sostritis Conditions, if any, which gove (b) p rise to immediate couse (a), DUE TO stating the underlying couse 0 used as burial, c lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION certificate, NO agent, priar ta 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) Hour a.m. foctory, street, office bldg., etc.) Nat White FUNERAL DIRECTOR: Page please execute ot wark designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🔨 Inquiry X ond in my opinion Natural causes death resulted fram: Accident . Suicide Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral O DEPUTY ā DEPUTY MEDICAL EXAMINER **EXAMINER'S** John G. Ball Health NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 0 REMOVAL (Specify) 4/12/66 Lee's Crematory Washington. remation 25b. REGISTRAR'S SIGNATURE ADURESS 24. FUNERAL DIRECTOR WAShINGIONI 2So. REC'D BY REGISTRAR Charles VR A15ME (5) 1966 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after 24 hours after Montgomery County Washington D.C. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b filled in by tages. Page in 72 hours a write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Cross H_spital 39th St. N.W. Wash D.C. NO 50 YES carbon p completely NAME DE First Middle Last DATE Month Day Year DECEASED event, S. 1966 (Type or print) Charles Elder DEATH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Qays | Hours | Min. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SEX 8. DATE OF BIRTH emove any Oct.15,187 and WIDOWED DIVORCED 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR UNDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician death certificate be COUNTRY? and President of Co. Tool Manfu. Hamilton, Ontario, attending physical ermit. Then ple proposed in or removal, a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elder Alexander Margaret Edwards the attend it permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 5115 Bradley Blvd (Yes, no, or unkown) (If yes give war or dates of service) been signed by the att the burial-transit permit or to burial, cremation, o 77-09-1654 Lucile Bryan Chevy Chase . Md 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MINS ARTERIUSC/erosis Conditions, If any, which gave rise to Immediate as the b DUE TO cause (a), stating the EUMON underlying cause last. this certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY Health PERFORMED? NO IX PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) of OR CONTRIBUTING TI CAUSE OF DEATH detached Dept. (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, | 20f. (City or town) (State) 2Dc. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) After Id h Hour a.m. MEDI Not While ATTENDING at work at work 21. I certify that (I) (this hospital) attended the deceased from APRiL 1966, to APRIL 20, 1966, that (1) (we) last the DIRECTOR: Jage 3 should bed with the saw the deceased alive on... 19 19 66, and that death occurred at M. from the causes and on the date stated above. SICNATURE 22b. DATE SIGNED 22a. ATTENDING M.D. DIRECTOR PHYS. PHYS. TO FUNERAL 22c. PHYSICIAN'S ADDRESS 22d. director, p NAME (Type) AROL BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Burlas 4-25-66 Parklawn Cemeterv y Rockville Maryland
25a. REC'D BY RECISTRAR! 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Bethesda, Md. VR AIS 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY 90 MARYLAND b. CITY DR TOWN (i) outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) H 0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS 41st ON A FARM? 05D ND X withi YES pou NAME DE First Middle Last DATE 4. Month Day DECEASED 28 (Type or print) 23 1 VI. DEATH 19 6. COLOR OR RACE 5. SEX 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months I Davs WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS DR an 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT sician lease during most of working life, even if retired) INDUSTRY COUNTRY? engilleering 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO 17. INFORMAN Address permit. 5 (Yes, no, or unkown) (If yes give war or dates of service) cremation, Sameas the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TD cause (a), stating masi underlying cause last. as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? for us Healt YES NO Z 2Da. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) tached f Dept. of 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work O 21. I certify that (I) (this hospital) attended the deceased from 19/2 that (1) (we) last 19 6, and that death occurred at 5.50 M. from the causes and on the date stated above. saw the deceased alive on DIRECT age 3 st 22a. SIGNATURE DATE SIGNED 22b. **ATTENDING** PHYS. M.D. PHYS. DIRECTOR pag PHYSICIAN'S director, p 22c. 22d. ADDRESS NAME (Type) Page 4 BURIAL, CREMATION. NAME DF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 NOK FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05520 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) b. COUNTY 3 to Page o after death. MARYLAND Department WN (If outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside opparate limits, write RURAL and give nearest tawn) and PM3. write AURAL and give negres Down) ew- York d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs with farm 300 For Pages YES haurs after death. ROMEL DE NAME OF 4. DATE S First Month Doy Year DECEASED OF alardo 196 (Type or print) -la DEATH alang IF UNDER 24 HRS DATE OF BIRTH IF UNDER YEAR 6. COLOR_OR RACE 7. MARRIED AGE (In years NEVER MARRIED birthdoy) Months Hours Dovs apri. WIDOWED DIVORCED Office event OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT country? INDUSTRY any = Examiner's 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME be executed within = pup WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANI 16. SOCIAL SECURITY NO. Chief Medical permit. (Yes, ng, or unknown) (If yes give wor or dates of service removal. 18. CAUSE OF DEATH (Enter only one couse per ling to (a), (b), and (y).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND ar IMMEDIATE CAUSE (o) certificate shauld crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse farwarded last. burial, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? certificate, designated agent, prior ta pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) shauld PRIMARY Or CONTRIBUTING shauld CALISE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m While Not While foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page of work please execute ot work 21. I certify that I taak charge of the remains described above, held an Autopsy [Inspection Inquiry and in my apinian Natural causes \Suicide | death resulted from: Ascident 7 Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 0 Address (Street, tify. Health FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME DAAPR 5 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY by the fi Pages 1 ars after (SOME) MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) on papers. Pag within 72 hours = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address; filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES ND K G within carbon NAME OF Middle DATE Month Day Year DECFASED (Type or print) DEATH 19 5. SEX 6. CDLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) | Months | Days and WIDOWED DIVORCED 10a, USUAL DCCUPATION (Give kind of work done ! 10b. KIND OF BUSINESS DR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) an death certificate belease and is during most of working life, even if retired) INDUSTRY physici Richmond, Virginia 1) ruga EDRED a removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Morrissette 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address been signed by the atten the burial-transit permit. or to burial, cremation, or DAYGHTER (Yes, no, or unkown) (If yes give war or dates of service) 12 1/3 25 RUTH ROCKVICE 18. CAUSE DF GEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: hospital or attending physician. IMMEDIATE CAUSE (a) DUE TD Resid Conditions, If any, which gave rise to immediate DUE TD cause (a), stating the prior underlying cause last. as CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY 19. for use Health PERFORMED? PHYSICIAN: The certificate YES NO Z 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) detached file Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME DF INJURY Month, Day, Year (State) 2Dd. INJURY DCCURRED 12De, PLACE DF INJURY (Home, farm, 2Df. (City or town) (County) factory, street, office bldg., etc.) be de State After After Hour a.m. While Not While at work p.m. at work retained DIRECTOR: A age 3 should lied with the 21. I certify that (I) (this hospital) attended the deceased from Creation 196 _, and that death occurred at 103 M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING T Page 4 may be director, page 3 should be filed v DIRECTOR M.D. PHYS. TO FUNERAL PHYSICIAN'S 22d. ADDRESS SPRING 1106 NAME (Type) an D BURIAL, CREMATION, 23b. DATE THEREDE 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATIDN (City, town or county) (State) REMDVAL (Specify) Maury Cemetery Richmond Burial Dille ADDRESSING, Maryland 252. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2nc. 8434 Georgia Avenue VR AI5 (4) 20M 1/65

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DIVISION OF STATISTICAL RESEARCH AND RECORD	DS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN

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	saw the deceased alive on March 31 1966, and that death occurred at									
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22c. PHYSICIAN'S NAME (Type			77.5		22d. AODRESS					
	Robert C.	. Maco	n, M.D.		809 Vier	s Mill	Rd. Ro	ockvil	le, Mo	d.
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05523 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPIL 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence o. COUNTY Montgomery o. STATE b. COUNTY 2, and 3 to PM3. Poge MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 write PURAL and give neorest town) Bethesda sethes da d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC Office olong with form ON A FARM? Suburban 6029 Grosvener Lane 18. Give Pages ote 24 hours after death. NAME OF Middle Year DECEASED ark n/2450n 1966 (Type or print) DEATH SEX 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED IF UNDER 24 HRS. NEVER MARRIED pirthdoy) Months Dovs Hours WIDOWED DIVORCED event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 21-5 during most of working life, even if retired) INDUSTRY poges I DEORGIA Home MAKER pending" in pencil in of Medicol Examiner's pencil 13. FATHER'S NAME be executed within Emma ond 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT or removal. (Yes, no, or unknown) (If yes give wor or dotes of service) 216-44-9302 Florence Alden Finlayson Same as #2 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN Coronary thrombosis Acute PART I. DEATH WAS CAUSED BY enset and peath IMMEDIATE CAUSE (o) This certificate should writing the word buriol, cremation, DUF TO vanced Coronary Artero Sclerosis Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Generalized Arterio Solorosis forworded 10 rs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS CERTIFICATION PERFORMED? the certificate, YES V NO ogent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) moy be retoined for your FUNERAL DIRECTOR: Page ot work 21. I certify that I taak charge of the remains described above, held an Autapsy 🔀, Inspection K Inquiry 7 and in my apinian the funeral director. Natural causes death resulted fram: Accident Undetermined manner Suicide . Hamicide | CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 4/22/66 O DEPUTY 5 moy be r ro FUNERAL Health or it DEPUTY MEDICAL EXAMINER **EXAMINER'S** John G. Ball Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 4/25/66 Prince Georges County Ft. Lincoln Cemetery REC'D BY REGISTRAR Hines Charles VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 15525 CERTIFICATE OF DEATH and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after von papers. Pages 1 within 72 hours after Montgomery South Dakota Union MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Bethesda Beresford 448 Days = filled i papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO X The Clinical Center. Bethesda 14. Maryland (No street address YES etely carbon NAME OF Middle Last DATE 4. Month Day Year DECEASED and complet remove carb Richard James Frieberg April 66 DEATH 17 (Type or print) 19 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO 8. OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Qays | Hours | Min. Mala White WIOOWEO [February 1937 DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR INOUSTRY E O 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Then please COUNTRY? death certificate be South Dakota U.S.A. Law Lawver 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME Roscoe Frieberg Bessie Bacon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Records the attend 0 (Yes, no, or unkown) (If yes give war or dates of service) 1960 - 1961The Clinical Center, Bethesda 14. Maryland cremation, 504-28-1855 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) 2 Hours Probable Gram-Negative Septicemia **OUE TO** Cenditions, If any, which 16 Months Acute Myelogenous Leukemia gave rise to Immediate OUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIOUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate NOXX YES [20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of I OR CONTRIBUTING [] CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) Hour a.m. While Not While at work After at work 21. I certify that the (this hospital) attended the deceased from 24 January, 1965, to 17 April, 1966, that (4) (we) last P TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the and that death occurred at4 . 45 M, from the causes and on the date stated above. saw the deceased alive on 17 April 1966 22a. SIGNATURE 22b. OATE SIGNED AM MFO. ATTENOING OIRECTOR 17 April 1966 PHYS. 22c. PHYSICIAN'S 22d. **ADDRESS** director, p Clinical Center, National NAME (Type) of Health, Bethesda 14, Md. Herman A. Godwin. MD LOCATION (City, town or county) (State) BURIAL, CREMATION, 1 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. REMOVAL (Specify)

25a. REC'O BY REGISTRAR

REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05526 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DERT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY P.M.3. Page Mont gonzer 0 MARYIAND b. CITY OR TOWN (If outside corporate limits. CLENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and Rockville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC farm burs ON A FARM? 8. Give Pages Office alang with 3. NAME OF Year DECEASED וסרת בחת DEATH NEVER MARRIED 6. COLOR OR RACE AGE (In years 7. MARRIED lost birthdoy) Months WIDOWED DIVORCED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) A2. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Chicago, Illinois 0551179 In any Nurse S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil within Ann. I mou 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? be executed 16. SOCIAL SECURITY NO. 17. INFORMANT Brother (Yes, no, or unknown) (If yes give war ar dates af service 005 Chillum Rd remaval 321-28-9581 Robert Fries INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).
PART I. DEATH WAS CAUSED BY: Gun Shot wound of thead ar IMMEDIATE CAUSE (a) shauld ward DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO certificate stoting the underlying couse 0 SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS' PERFORMED? certificate, agent, priar ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) -(County) Not While factory, street, office bldq_etc.) FUNERAL DIRECTOR: Page of work Rockville Mont 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 🔀 Inquiry X ond in my opinion death resulted fram: Notural causes Accident . Suicide K Homicide [Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health JOHN G. BALL Address (Street, city, town, or county) NAME (Type) Bethesda. Md 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 0 REMOVAL (Specify)
Burlal

24. FUNERAL DIRECTOR Arlington Nat'l Cem. Arlington, Virginia 5-2-66 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/66 Bethesda, Maryland DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral hours after death. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY a. STATE Pages aff the MARYLAND b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b filled h. noers. Par. archerecuse Pand completely filled in remove carbon papers. I any event, within 72 h e. IS RESIDENCE d. NAME OF AOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO executed within NAME OF Month 3. Middle 4. DATE Day First DECEASED OF DEATH (Type or print) - 1966 5. SEX AGE (In Years | IFUNOER 1 YEAR | Ist birthday) IFUNDER 24 HRS COLOR OR RACE 8. DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED Months WIDOWED A DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 12. CIT ZEN OF WHAT 5 10b. KIND OF BUSINESS OR RTHPLACE (County & State, or foreign country) during most of working life, even is retired) INDUSTRY Pe and physic on plea death certificate 13. FATHER'S NAME 14 MOTHER MAIDEN NAME or removal as been signed by the attending plas the burial-transit permit. Then prior to burial, cremation, or remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | Address 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. has (C) CERTIFICATION WAS AUTOPSY 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate NO YES PHYSICIAN: I 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) After this certif I be detached fo State Dept. of H MEDICAL 20e. PLACE OF INJURY (Home, farm, (County) (State) 20d, INJURY OCCURRED 20f. (City or town) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While After Id be d While be retained by 19 at work at work p.m. TO FUNERAL DIRECTOR: At director, page 3 should be should be filed with the S 21. I certify that (I) (this hospital) attended the deceased from _____, 1944, that (I) (we) last and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22b. 22a. SIGNATUR ATTENDING PHYS. DIRECTOR PHYS. M.D. Page 4 may PHYSICIAN'S 22d. **ADDRESS** 22C. 23d LOCATION (City, town occounty) (State) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL (Specify) Gaithersburg, 4-28-66 Forest Oak REC'D BY REGISTRAR ADDRESS REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Laytons ville, Md. rancis Ha Barber VR A15 (4) 15M 4-64

Viscologonary Life. Sentes, Justiendary, has at home - Sural. Procede 25 4 much white e April 21-1889 99 4 American see les very monume Il stymmy Ce, let history Walliam P. Frille Mong Villante Warre 578-09.25 Houndte Robberg szelle poplan 12 Set Money Dyernie de menties 2101 Carpetal accordent 12-17-63 1-16-63

12-24- 4 12-17- 64 4-25- 64 William t. Walker WILLIAM C MILLER 9 Buch Mr. Pritherdry, Int.

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Laytons ville, No.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05528 the death certificate be executed within 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o... COUNTY /Lig/t/t/t/de/ h COLINTY MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparote limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) SHINGT D.O.A. BETHESDA papers. hjn 72 h d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? NO K NAME OF Middle 4. DATE ≥ o First Lost Dov Year DECEASED DEATH (Type ar print) Charles Eithe 1 April GALLOWAY 103 T SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Jast birthday) Manths Male Cane Jan. 31, 1940 WIDOWED DIVORCED and 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY COUNTRY? Evansville. Ind. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, EDICKA attending progression of the 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, na, prunknown) (If yes give war ar dotes of service UNKNOWN Navy records INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Transverse laceration of proximal descending IMMEDIATE CAUSE (o) aorta with exsanguinating hemorrhage into DUF TO adjacent viscera. Canditians, if any, which gave rise to immediate couse (a), DUF TO stating the underlying cause has been the TO HOSPITAL OR ATTENDING PHYSICIAN: The law 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES TX NO TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20o ACCIDENT WAS UNDERLYING FT OR CONTRIBUTING CAUSE OF DEATH State Dept. af Aircraft accident (IF EITHER, NOTIFY MEDICAL EXAMINER) Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) while at wark factory, street, affice bldg., etc.) 2AM p.m. Apr. 21. I certify that (I) (this haspital) attended the deceased from 19 19 , that (1) (we) las , to and that death occurred at___ M. fram causes and on the dote stoted obove saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED CATTENDING MED. DIRECTOR STAFF PHYS. Apr. 8, 1966 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) S. Naval Hospital, Bethesda, Md. John F. Russo. MC USN 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Arlington, Virginia Arlington National 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR W. W. Chambers (Charles VR A15 (4) 20 M 1/66 1400 Chapin St., N. W. Washington.

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1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	05529 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()5528
HEALTH IDEPT.	1. PLACE OF DEATH a. COUNTY Montgomery Marylano 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE Maryland b. COUNTY Drince Georges
essary, o the funeral e 5 may be Department after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town Bethesda (Rural) 12 days C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town Adelphi
3 to the Page 5 are Dep	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) U. S. Naval Hospital On A FARM? YES NO X
any delay in the figure of PM3. Page 5 m. The State Departin 72 hours after	3. NAME OF First Middle Last 4. DATE Month Oay Yeer OF
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO 8. OATE OF BIRTH 9. AGE (In years last birthday) 19. AGE (In
hours after death. Item 18. Give Pages fifice along with formile pages 1 and 2 will in any event with	10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) ROUSTRY Georgia 12. CITIZEN OF WHAT COUNTRY? USA
24 hours after item 18. Ginoger along Office along File pages 1, and in any	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 5, c/o FPO, SanFradicisco, Calif. CDR Joseph R. Geary, Staff Commander Carrier
should be executed within 2 word "pending" in pencil in Chief Medical Examiner's 0 as a burial-transit permit. Frial, cremation, or removal,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cloude Claphypiation due to ONSET AND DEATH
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EXAMINER: This certificate certificate, writing the rould be forwarded to the les. R: Page 3 should be used signated agent, prior to but	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) County Place Place of Injury (Home, farm, factory, street, office bldg, etc.) Place of Injury (Home, farm, factory, street, office bldg, etc.) Place of Injury (Home, farm, factory, street, office bldg, etc.) Place of Injury (Home, farm, factory, street, office bldg, etc.) Place of Injury (Home, farm, factory, street, office bldg, etc.) Place of Injury (Home, farm, factory, street, office bldg, etc.) Place of Injury (Home, farm, factory, street, office bldg, etc.) Place of Injury (Home, farm, factory, street, office bldg, etc.) Place of Injury (Home, farm, factory, street, office bldg, etc.) Place of Injury (Home, farm, factory, street, office bldg, etc.) Place of Injury (Home, farm, factory, street, office bldg, etc.) Place of Injury (Home, farm, factory, street, office bldg, etc.) Place of Injury (Home, farm, factory, street, office bldg, etc.) Place of Injury (Home, farm, factory, street, office bldg, etc.) Place of Injury (Home, farm, factory, street, office bldg, etc.) Place of Injury (Home, farm, factory, street, office bldg, etc.) Place of Injury (Home, farm, factory, street, office bldg, etc.) Place of Injury (Home, farm, factory, street, office bldg, etc.) Place of Injury (Home, farm, factory, street, office bldg, etc.) Place of Injury (Home, farm, factory, street, office bldg, etc.) Place of Injury (Home, farm, factory, street, office bldg, etc.) Place of Injury (Home, farm, factory, street, office bldg, etc.) Place of Injury (Home, farm, factory, street, office bldg, etc.) Place of Injury (Home, farm, factory, street, office bldg, etc.) Place of Injury (Home, farm, factory, street, office bldg, etc.) Place of Injury (Home, farm, factory, street, office bldg, etc.) Place of Injury (Home, farm, factory, street, office bldg, etc.) Place of Injury (Home, farm, factory, street, office bldg, etc.) Place of Injury (Home,
Harts in Disa	death resulted from: Natural causes Accident X, Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER 7
	ACTUAL SIGNATURE DELCE DATE SIGNED DEPUTY MEDICAL EXAMINER DELCE DATE SIGNED DELCE DATE DATE DELCE DATE DATE DELCE DATE DATE DELCE DATE DATE DELCE DATE DELCE DATE DELCE DATE DATE DATE DATE DATE DATE DATE DAT
TO DEPUTY MEDI please execute director. Page retained for yo o funeral directory of Health or it	EXAMINER'S BELDEN R. NEAP M. D. Address (street, city, town, or county) 7 4/166
To F	Burial Arlington National Arlington, Virginia
VR AISME (5)	Francis Gasch's Sons, 4739 Baltimore Ave. Hypothesis adoress Adoress Age of the second of the sec

brains. Claimate's BROKEDR (semma) of seminal Indianos Invest 3 U Film \$376-5/9/66-2 Originally reported on regular death certificate Tropic Bro, authorited aco, 199111, DEC. Joseph E. Centy, Duett Communder Caratain alaberty mornaria Promote descriptions, ATES Relations Ave.

. Mr. alfiredayii.

CERTIFICATE OF DEATH 05530 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before edmission) a. COUNTY b. COUNTY the day b. CITY OR TOWN (if outside corporate limits, MARYLAND Maryland Mont gomery
c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) P c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Rural Gaithersburg Gaithersburg. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO paper n 72 l 3. NAME OF First Middle Lest 4. DATE Month Dev complet DECEASED William (Type or print) Godfrev DEATH Andrew 23 April 156 pon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthdey) Months Devs Hours WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Virginia USA Retired Farmer Farm 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME D. Godfrey Borequard Somerville Robinson 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give war or detes of service Family -Mrs. W. A. Godfrey Rt. #2 Gai thersburg 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: neumonia IMMEDIATE CAUSE (a) Tuacheo-Branchitis Conditions, if any, which geve rise to immediate cause brosis of Lung-Emphyseura (e), stating the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIa) WAS AUTOPSY CERTIFICATION PERFORMED? NO d 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dev. Yeer factory, street, office bldg., etc.) While Not While Hour e.m. at work at work 21. I certify that (1) (this hospital) attended the deceased from 1940 saw the deceased alive on. 22b, DATE 22a. SIGNATURE ATTENDING STAFF PHYS -DIRECTOR PHYS. HOSPITAL sath. Page 4 FUNERAL 22d. ADDRESS 2c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c NAME OF CEMETERY OR CREMATORY (Stete) C p S & S April 25. 1966 Law to ms ville Laytonsville. Md. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A1S (4) Francis H. Barber Laytonsville, Md. 15M 7/61

DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

hours after

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death certificate

Maryland Montecrais Rurel Gaithersturg, ad. Tar 1 Caitners or Cocfrey William Andrew Sept. 25, 1882 Virginia M.S. Retired armer Sorry le nobinson Boreware D. Godfrey 21 -02-5108 Family -nr. . . . Codiney No. 2 Gai there was

Jack Schumaker

Gaithersburg

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Francis H. P. reer Layt naviale, .. d.

Tartonsville, M.

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PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admir a. COUNTY b. COUNTY Montgomery Maryland MARYLAND Howard b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Clarksville. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? State after Montgomery General Hospital YES NO Tridelphia Rd. 3. NAME OF Middle 4. DATE Year DECEASED OF (Typa or print) DEATH Dorothy Virginia 3 to t Gordon 19 66 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. Z V and last birthday) Months Female WIDOWED DIVORCED ge 5 IDa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE State or foraign country 12. CITIZEN OF WHAT COUNTRY? Page ve Pages 1, PAM3. Page done during most of working life, even if retired) Clerical Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Sadie Burdette 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yes, no, or unkown) | (If yes give war or datas of sarvica) Medical Records, Olney, Md. No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lacerated liver and spleen with secondary Conditions, if any, which (b) exsanguination. gava risa to immadiate cause DUE TO SE (a), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION EREORMED? 20a. EXTERNAL CAUSE WAS prior to Truck"collided with lt af PRIMARYX or CONTRIBUTING CAUSE OF DEATH. Chief to yield right of way. MEDICAL Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Rt 216 Md. at work at work Street Howard OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER lease execut should be for FUNERAL ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE . o TO FUL Health NAME (Type) Address (Straet, city, town, or county) 22c. NAME OF CEMELERY OR CREMATORY 22a, BURIAL, CREMATION, 22d. LOCATION (City, tow REMOVAL (Specify) Linthicum Chapel Clarksville, Md Burial 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A15ME 5M 1/62 .C. Higinbothom, Ellicott City, Md

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Montgomery b. COUNTY a. STATE Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1 Sin Write RURAL and give nearest town) Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1030 Lanark Way Holy Cross Hospital of Silver Spring YES NO. completely i death certificate be executed within NAME DE First Last DATE Month Year DECEASED event, v Jesse B. arton Greer 4 66 (Type or print) DEATH 19 6. COLOR OR RACE 5. SEX DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months | Oavs remoy Male White Hours and WIDOWEO . DIVORCED 10a. USUAL OCCUPATION (Give kind of work done physician n please r val, and in 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? JNDUSTRY DIRECTOR INS 13. FATHER'S NAME U.S. l'enn. MERICANF removal, 14. MOTHER'S MAIDEN NAME C.A. Greer November Sarah Platt 15. WAS OECEASED EVER IN U.S. ARMEO FORCES? (Yes, no, or unkown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 50 been signed. S. the burial-transit perminant to burial, cremation, o 453-09-804 Jean Greer CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN 18. The law requires that the ONSET AND DEATH PART I. OEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) the hospital or attending physician. Conditions, If any, which gave rise to immediate OUE TO cause (a), stating the for use as the Health prior t underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? No F YES 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: be detached State Dept. MEDICAL (State) 20c. TIME OF INJURY Month, Oay, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) STOR: After I should be di Hour a.m. Not While While ATTENDING p.m. at work at work retained 19 66 to 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should iled with the saw the deceased alive on 19 6 and that death occurred at Z PM. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNEO 4 may be TO FUNERAL DIRE director, page 3 should be filed v ATTENDING PHYS. OIRECTOR M.O. HOSPITAL PHYSICIAN'S 22d. ADORESS NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) Gardens Hillcrest Memoiral LUCCOCK l'exinaton. 25a. REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 843, AODRESS MONTO VR A15 (4) wer spring. 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15533 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. death pup 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY Montgomery o. STATE b. COUNTY New Jersey MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) With RURAL and give newest town 1 28 days Metuchen pletely filled in b carban papers. ent, within 72 ha d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS U. S. Naval Hospital YES NO X 12 Clive Hill Road 3. NAME OF Middle Lost 4. DATE Month Doy Year DECEASED Helen Joyce GUBBINGS DEATH April (Type or print) 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lestoirthdoy) Months 2Doys Hours Dec. 6 1937 Female Cauc WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. 8IRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife _INDUSTRY_____ COUNTRY? the attending physician sit permit. Then please Indiana and USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frances Symes Eldora Richardson Address New Jersey 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Metuchen (Yes, no, or unknown) (If yes give wor or dotes of service) Unknown Mr. John S. Gubbings, 12 Clive Hill Road/ no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) cremati burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Myelomonocytic Leukemia IMMEDIATE CAUSE (o) signed by attending physician. DUF TO burial Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse as the TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) far use YES X NO F 20o, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) of work 21. I certify that \$\) (this hospital) attended the deceased fram March 30, 1966, ta April 27, 1966 that (\$\) (we) last 1966, and that deoth occurred of 1055 M, from causes and on the date stated above. sow the deceosed alive on April 27 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR 28 April 1966 X PHYS. 22c. PHYSICIAN'S ADDRESS U.S. Naval Hospital, Bethesda, Md. NAME (Type) Jack C. Zimmerman directar, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) Burray (free than sit 4/29/66 Delray Crematory Delray, P. Beach Co.Florida 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE R. Pumphrey Funeral Home, 7557 Wisconsin Ave VR A15 (4) 20 M 1/66 Ochanles Bethesda, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. funera and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY a. STATE b. COUNTY after Montgomery the st. Col. MARYLAND of by the b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) oon papers. Pag within 72 hours hours Kensington .= Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Carroll Hall Sanitarium Tunlaw Road. NO X completely ve carbon p NAME OF DECEASED Middle Month Last Day event, P HAHN HINNIE (Type or print) DEATH 19 6 executed 5. SFX AGE (In years | IF UNDER 1 YEAR | last birthday) | Months | Days emove 6. COLOR OR RACE DATE OF BIRTH 9. 7. MARRIED [NEVER MARRIED ny and Hours 'emale White 83 WIDOWED DIVORCED 9-6-1882 10a. USUAL OCCUPATION (Give kind of work done during most of working ilfe, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY E.e. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT be COUNTRY? None U.S.A. West Virginia certificate phys 13. FATHER'S NAME removal. attending ph 14. MOTHER'S MAIDEN NAME James Morrison Sallie Fugitt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Washing 16. SOCIAL SECURITY NO. 17. INFORMANT permit. 0 (Yes, no, or unkown) (If yes give war or dates of service) ton cremation, Mrs. the CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH this certificate has been signed by PART I. DEATH WAS CAUSED BY: law requires that the attending physician. 10MACH IMMEDIATE CAUSE (a) burial-t **DUE TO** SENERALIZED 4RCINOMATOS(S Conditions, if any, which gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? SENILIT YES NO P the hospital PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) State factory, street, office bldg., etc.) Hour a.m. After While Not While at work at work 3 should with the S retained 21. I certify that (I) (this-hospital) attended the deceased from APA 1966, to APRIL 19, 1966, that (1) (we) last director, page 3 should should be filed with the .19.66, and that death occurred at//:05_M, from the causes and on the date stated above. saw the deceased alive on APRIL 22a. SIGNATURE 22b. DATE SKINED ATTENDING M.D. PHYS. DIRECTOR PHYS. 4 may 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Burial REC'D BY REGISTRAR Cedar Hill Cemet REGISTRAR'S SIGNATURE 24. J FUNERAL DIRECTOR
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY A a. COUNTY o. STATE 2, ond 3 to PM3. Page Montgomery of after death. Deportment b. CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn tinsh TUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office olang with form hours pencil in Item 18. Give Pages Stote NO V be executed within 24 hours after death. NAME OF First 4. DATE Manth Day Year within 72 DECEASED 19 66 (Type or print DEATH S. SEX IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Haurs WIDOWED DIVORCED Vent 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY 1211 Chief Medicol Exominer's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME od i Hamilton. Sr. File and WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT or removol. (Yes, no. or unknown) (If yes give war ar dates of service INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Coronary IMMEDIATE CAUSE (a) word This certificate should cremation, DUF TO Canditions, if any, which gave writing the rise ta immediate cause (a). DUE TO stating the underlying cause forwarded PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X please execute the certificate. agent, prior to 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY ar CONTRIBUTING 4 should CAUSE OF DEATH 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Your factory, street, affice bldg., etc.) moy be retained for your FUNERAL DIRECTOR: Poge Nat While at wark designoted 21. I certify that I taak charge af the remains described abave, held an Autapsy Inspection X and in my apinian Inquiry K the funeral director. death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 5 may be reta TO FUNERAL DII Health or its d ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, tawn, or county) NAME (Type) 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) Apr.66 Arlington, Va. Arlington National Rockville, 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/66

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IS. (Yes,	.S. Mar	glife, even if retired) ine Corps	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County 8	Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY? USA			
(Yes,	FATHER'S NAME	nd G. Hanson		14. MOTHER'S MAIDEN N. Dorothy	AME	0.541			
		ER IN U.S. ARMED FORCES? (If yes give wor or dotes of ser	vice)	INFORMANT Ple		New Jersey llins Ave./			
		DEATH (Enter only one couse po ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) _				INTERVAL BETWEEN			
	Conditions, if on		septi	cemia					
	rise to immedia stating the und- lost.								
ATION	PART II, OTHER S	SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONF	DITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES X NO			
CERTIFIC	200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Doy, Yeor Hour o.m. 201. INJURY OCCURRED While Not While Not While Foctory, street, office bldg., etc.) (Coun								
MEDICAL		JURY Month, Doy, Yeor .m. 19	20d. INJURY OCCURRED While Not While of work of work	CE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)			
	Hour o	the that M (this hasnite	1) attended the deceased framM.	ar. 31 , 19 at death occurred at 1	9.66 , ta <u>Apr. 10</u> 100A M, fram causes and	_, 1966, that (X) (we) lo d on the date stated obov			
	21. I cert	deceased alive on Apr	, dild life			22b. DATE SIGNED			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician director, page 3 shauld be detached far use as the burial-transit permit. Then please shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66

Washingtons 24. FUNERAL DIRECTOR W. Chambers Co.1400 Chapin St., N.W.

C. Johnson, M. D.

NAME OF CEMETERY OR CREMATORY

Cemetery

Cross

Francis

23b. DAJE THEREO

NAME (Type)

BURIAL, CREMATION, REMOVAL (Specify)

230.

Mays 3966

S. Naval Hospital.

23d. LOCATION (City or Town)

Landing, New Jersey

Bethesda, Md.

(County)

(Stote)

DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and Seath 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Montgomery by the fi Montgomery Maryland after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) Olney Other Highland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Montgomery General Hospital within . Brook/Grøye/Boundatiøn NO T YES executed within completely pou NAME OF Middle DATE Month Year Day DECFASED Milton Bentley Harding 19 66 April DEATH (Type or print) SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | last birthday) | Months | Days F UNDER 24 HRS 7. MARRIED X NEVER MARRIED Months Days White Male WIDOWED [DIVORCED [5-17-1880 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY Retired Maryland USA physic n plea The law requires that the death certificate removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending p Noah Harding Helen TOOKI Iglehart 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address transit permit, (Yes, no, or unkown) | (If yes give war or dates of service) No Mrs. Elaine Lynn, 20 Pheasant Drive, Elkridge the been signed by the the burial-transit or to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: retained by the hospital or attending physician. Acute cardiac failure hrs. IMMEDIATE CAUSE (a) **DUE TO** 10 yrs. Conditions, If any, which Coronary sclerosis (b) gave rise to immediate DUE TO cause (a), stating has be e as th underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? CERTIFICATION certificate hand for use a tr. of Health p YES X NO T Bronchopneumonia, bilateral 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING this certif detached for a Dept. of B OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) After the de state i factory, street, office bldg., etc.) Hour a.m. Not While at work at work m.q P 21. I certify that (I) (this hospital) attended the deceased from July. DIRECTOR: age 3 should lied with the M. from the causes and on the date stated above. saw the deceased arive on 1 22 19.66 and that death occurred at 22b. DATE SIGNED 22a. SIGNATURE page ATTENDING × PHYS. DIRECTOR PHYS. HOSPITAL Page 4 may FUNERAL PHYSICIAN'S **ADDRESS** director, p NAME (Type)Dr. Charles Whitaker Clarksville, Maryland BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Highland, Md. Mt. Zion FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** F.C. Higinbothom, Ellicott City, Md VR A15 (4) 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

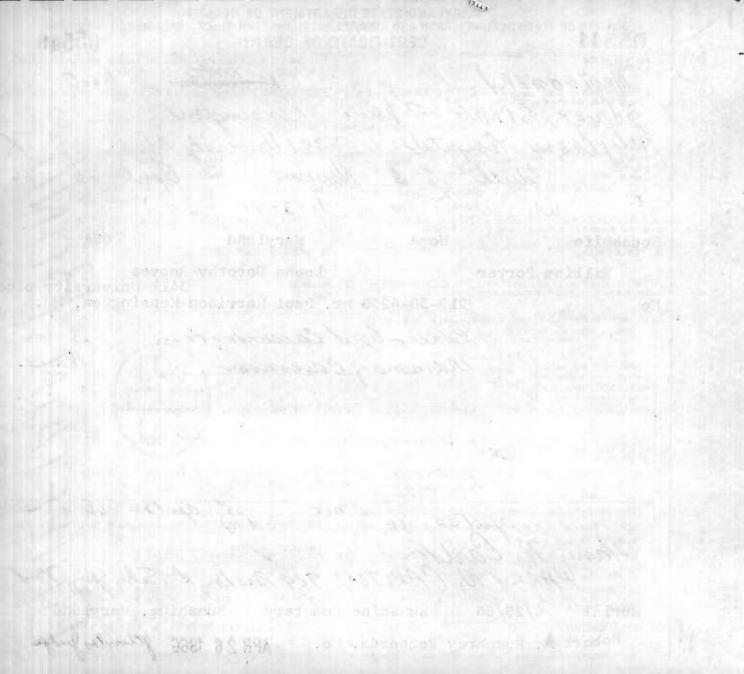
Continue Persons resembled dradeint forket me were mains lynn, 20 Free sent Drive, Wichiga · The state of the BORETTE STATE OF THE STATE OF T The state of the s Man Bos Chall 1015.14 9961-52-7 Termo ba. vd75 fronkilk, mollodafilk, 7.7

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 05540 DEAT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) Montgomery a. COUNTY a. STATE Poge b. COUNTY .s o JO. Montgimer death. MARYLAND 3 ote Deportment b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CETY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) and ofter 2213 has d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS farm hours ON A FARM? Street Give Pages YES NO 24 hours ofter death. along with NAME OF Middle First DATE Manth Day Year DECEASED OF 22 1966 (Type or print) DEATH S SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER 24 HRS Item 18. last birthday) Months Jan Davs - Hours WIDOWED DIVORCED Examiner's Office eve 1Da. USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) OUG 12. CITIZEN OF WHAT during mast of warking life, even if retired) Home COUNTRY? pages I ARKANSAS Ξ HOUSEWIFE 13. FATHER'S NAME This certificate should be executed within pencil 14 MOTHER'S MAIDEN NAME File ond WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Riey permit. e certificate, writing the word "pending" i should be forworded ta the Chief Medical ST. burial, cremotion, or removal, (Yes, na, ar unknown) I(If yes give war ar dates of service HArris -NO 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY SAT AND DEATH Poisoning IMMEDIATE CAUSE (o) writing the word DUE TO Conditions, if any, which gave DePression Mental. rise to immediate cause (a). DUE TO 0 stoting the underlying cause 00 last nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? please execute the certificate. YES NO ogent, prior to pe 2Da. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING ☐ CAUSE OF DEATH. 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 3 should i GICAL EXAMINER: Took . over dose - of-drugs-2Dc. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge While Not White 19 66 Chase Nontat work at work 4 ome its designoted 21. I certify that I taak charge af the remains described above, held an Autapsy Inspection D Inquiry X and in my apinian the funerol director. death resulted fram: Natural causes Suicide X Accident Hamicide Undetermined manner retained CHIEF MEDICAL EXAMINER TO DEPUTY ME ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE pe necessary. 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** John Ball, M.D. G. mov Health NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY Cedar Hill 1966 23d. LOCATION (City or Town) (County) (State) 0 C REMORAD(Specific) 12 Prince Geo. Co. Bethesda, Md. 24. FUNERAL DIRECTOR Pumphrey VR A15ME (5

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where depeased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS ve carbon pap event, within NO YES 3. NAME DE DATE Day Middle Last DECEASED DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Oays | Hours | Min. 6. COLOR OR RACE 5. SEX DATE OF BIRTH 7. MARRIED NEVER MARRIED WIDDWED OLVORCED [10a. USUAL OCCUPATION (Cive kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? USA Maryland Housewife Home 13. FATHER'S NAME MOTHER'S MAIOEN NAME Leona Dorothy Reaves William Porter 3414dr University Blvc 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT 5 (Yes, no, or unkown) (If yes give war or dates of service) Mr. Paul Harrison Kensington, Md. 213-38-4250 No INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) physician. **OUE TO** Conditions, If any, which gave rise to immediate OUE TD cause (a), stating the underlying cause last. 19. WAS AUTDPSY PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) PERFORMED? NO C YES 20a, ACCIDENT WAS UNDERLYING F 2Db. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) tached f DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e. PLACE DF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from nor b 1965 to april 22 1966 that (1) (we) last saw the deceased alive on Obul 22 1966, and that death occurred at 1200M, from the causes and on the date stated above. 22b. DATE SICNED 22a. SIGNATURE ATTENOING PHYS. DIRECTOR M.O. TO FUNERAL director, pa 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of county) BURIAL, CREMATION, 23b. DATÉ THEREDF 25/66 Sunshine Cemetery Sunshine, Maryland REC'O BY RECISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL OIRECTOR ADDRESS A. Pumphrey Bethesda, Md. VR A.15 (4) 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH PDIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 24 hours after death. and PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY ontgo mer MARYLAND b. CITY DR TDWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Uer YEARS RIN = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE DN A FARM? d. STREET ADDRESS 8800 -2 NO NO X YES The law requires that the death certificate be executed within etely pou NAME DE DATE Month Day Middle Last DECEASED and comple emove carl any event, 19/060 DEATH (Type or print) 6. CDLDR DR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. SEX DATE OF BIRTH 8. 7. MARRIED NEVER MARRIED WIDOWED X DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT 1Da. USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS DR physician in please wal, and in COUNTRY? during most of working life, even If retired) INDUSTRY umbing SSIA 14. MOTHER'S MAIDEN NAME attending phy ermit. Then p n, or removal, 13. FATHER'S NAME 17. INFORMANT Address 16. SOCIAL SECURITY NO been signed by the atten the burial-transit permit. or to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) SHINE MRS. INTERVAL BETWEEN 18. CAUSE DF DEATH | Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO ATHEROSCLEROSIS Conditions, If any, which gave rise to immediate the r to DUE TO cause (a), stating the as th underlying cause last. 119. WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health p PERFORMED? certificate NO X ROMNOSIS YES 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [detached for the Dept. of I DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) be de State Hour a.m. While Not While at work at work should ith the 21. I certify that (I) (this hospital) attended the deceased from 19.66, and that death occurred at 1:25 4 M. from the causes and on the date stated above. saw the deceased alive on 4 DATE SIGNED 22a SIGNATURE page : MED. DIRECTOR M.D. director, pag should be fill O HOSPITAL 290 PHYSICIAN'S **ADDRESS** NAME (Type) ISLEX (State) NAME OF CEMETERY OR CREMATORY 23d. LDCATIDN (City, town or county) DATE THEREDE 23c. BURIAL, CREMATION, 23b. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR 01 VR A15 (4) 20M 1/65

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icion ol		13.	FATH
ng physic remover 72 hour		15. (Yes	WAS
moy be retoined by hospitol or ottending physicion. TO FUNERAL DIRECT After this certificate has been signed by the ottending physicion and completely filled in by funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon opers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours other death.			1B.
ysicion. been signed tronsit perm ol, ond in or	^	NOI	go cou lyir
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

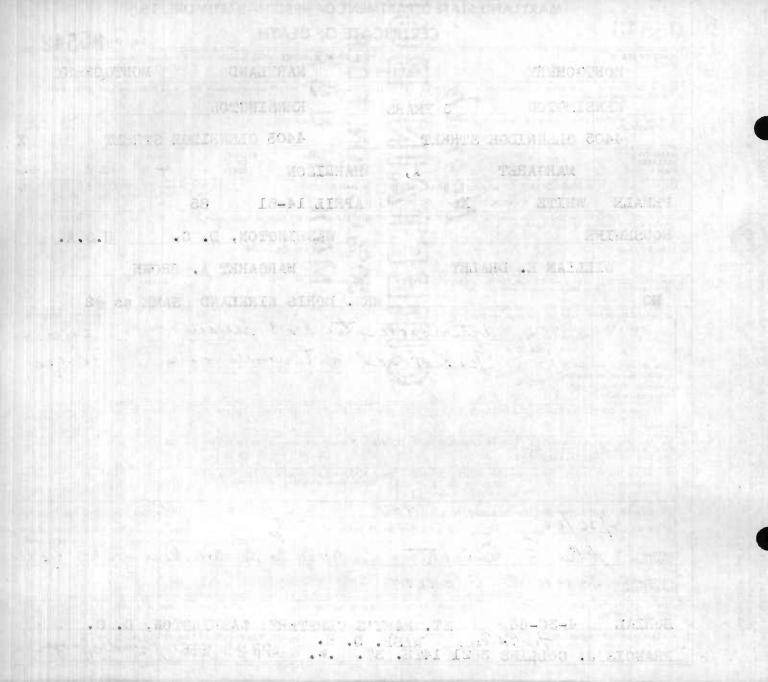
400	05543			CERTIF	ICAT	E OF DEATI	Н		Reg. Dist. No	5542
1.	PLACE OF DEATH o. COUNTY MON	TGOMERY	CY.	MARYLA		USUAL RESIDENCE (WO. STATE MARY		b. COUNTY	Residence before IONTGO	ore odmission)
ſ	b. CITY OR TOWN (If RURAL and give ne	outside corporate lim	its, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If	outside corporate	limits, write RUR	AL ond give ne	arest town)
	KEN	SINGTON		6 YEARS		KENS	INGTON		/	5-1
	d. NAME OF HOSPITA OR INSTITUTION 440	_		STREET		d. STREET ADDRESS 4405	GLENR	DGE ST	REET	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF	Month	D	ay Year
	(Type or print)	MARGAR	ET	Α,	H	ARRISON	DEATH	4	27	7 1966
5.	SEX	6. COLOR OR RACE	7. MARR	TIED NEVER MARRIED	☐ B. D.	ATE OF BIRTH	9. A			R IF UNDER 24 HRS.
	FEMALE	WHITE	WIDOWE		424	PRIL 14-8	1 8	35 yrs.	Months Doys	Hours Min.
10c	 USUAL OCCUPATIO during most of working 	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR I	INDUSTRY	11. BIRTHPLACE (Stote	or foreign countr	y)	12. CITIZEN C	F WHAT COUNTRY?
	HOUSEWIF					WASHING'	TON, D.	C.	U.S	5.A.
13.	FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME			
		LLIAM E.				MAR	GARET A	. BROW	N	
15. (Ye	WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give war or dates of the	CES? 16.	SOCIAL SECURITY NO.	INFOI	RMANT		Addres	s	
	NO				MRS	DORIS K	IRKLANI	SAME	as #2	2
	PART I. DEAT	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1	rteriosel	ero	tie heart	dica	il		TERVAL BETWEEN USET AND DEATH
	Conditions, if on gove rise to im couse (o), stoting t	DUE TO		Peneraliz	ed	arterio	selero	rls	1	ogis.
7	lying couse lost.) (0	1							
CATION	PART II. OTH	ER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TERM	INAL DISEASE CO	NDITION GIVEN	I IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCI	URRED. (E	nter noture of injury in	Port I or Port II o	f item 1B.)		
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	ar 20d. It While of worl	Not while		OF INJURY (Home, form street, office bldg., etc		own)	(County) (Stote)
	21. I certify the	at I attended the	decease	ed from 196	1	_, 19, to5	1/26	1966 th	at I lost so	w the deceosed
	alive on 4/	26/66	. 19	, ond that de	eath oc	curred at 7 25	M, from the			e stated abave
	7	1'2 C	5			, P	ADDRESS (Street,			DATE SIGNED
	ACTUAL	oten 6	. (01	nereit	M.D.	9400 Co	em. An	L. Keus	welon the	427/
	PHYSICIAN'S	JOHN.	E. 1	EVERETT						

22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

RIAL, CREMATION, ACVAL (Specify)

IRIAL

4430-66

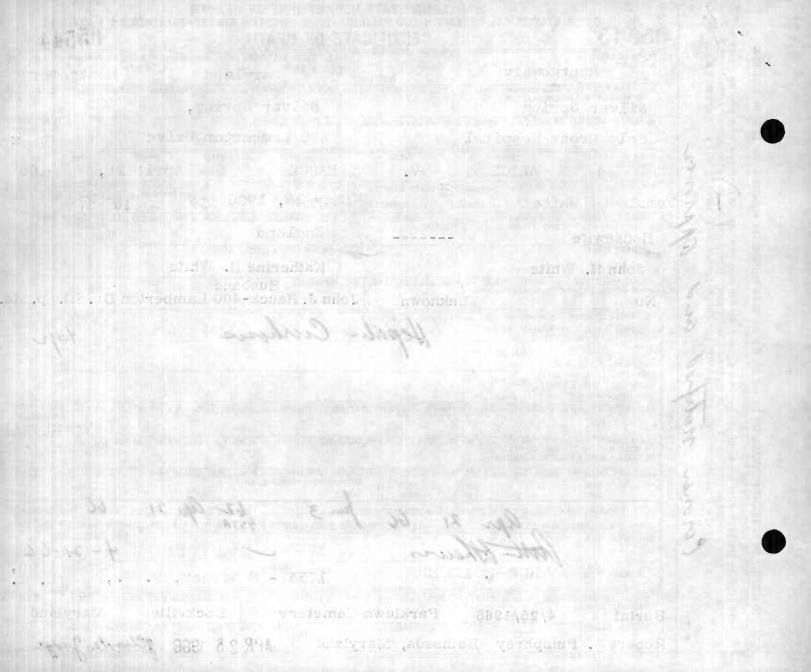


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0554405543 CERTIFICATE OF DEATH death, The law requires that the death certificate be executed within 24 hours after death rsicion and completely filled in by the funeral please remave corban papers. Pages 1 and 11, and in any event, within 72 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Montgomery Florida MARYLAND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 22 days Bethesda (rural Key West d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 1193-A Gilmore Drive U.S. Naval Hospital Bethesda, Md. YES NO X 3. NAME OF Middle 4. DATE First Lost Month Dov Year DECEASED (Type or print) 1966 24 HARROD April James Edward DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Hours 19 DEC 1923 Male Cauc. WIDOWED **DIVORCED** the attending physician and sit permit. Then please rem 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? S.A. during most of working life, even if retired) **INDUSTRY** NA Black Ford, Kentuckey 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, or removal, Vernie CRAWELL William H. HARROD 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address burial-transit permit. (Yes, no, or unknown) (If yes give wor or dotes of service NOV45 - APR66 406 16 1564 Agnes M. HARROD. Same as Item #2 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY:

Bronchoren INTERVAL BETWEEN ONSET AND DEATH Bronchogenic carcinoma with metastases IMMEDIATE CAUSE (o) signed by TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO far use as the t f Health priar ta b stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) MEDICAL CERTIFICATION YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH NA NA (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Yeor (County) (Stote) NA street, office bldg., etc.) NA NA 21. I certify that (this hospital) attended the deceased fram 1 APRII, 1966, to 24 APRII, 1966, that (we) last saw the deceased alive an 24 APRII. 1966, and that death accurred at 700 aM, fram causes and an the date stated above. saw the deceased alive an 24 APRIL 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR M.D. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) U.S. Naval Hospital Bethesda, Md. JAMES L. SHUMAKER 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL CREMATION. BUT 18 I Arlington National Arlington, Virginia 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Marke W.W. CHAMBERS, 1400 Chapin St. NW., Wash. DC.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY the 1 a. STATE Mary land Montgomery Montgomery after MARYLAND by the b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rs. Pag write RURAL and give nearest town) hours Silver Spring. Silver Spring .= filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? Cross Hospital 400 Lamberton Drive within NO.K YES and completely f executed within 3. NAME OF Middle DATE Month Last Day Year DECEASED HAUCK April V. 21, 1966 ALICE DEATH (Type or print) 6. COLOR OR RACE SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Hours May 24, 1906 White Female WIDOWED DIVDRCED [physician an please r 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? England USA Housewife 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME removal. ed by the attending parametransit permit. Then, cremation, or remove Katherine H. White John H. White 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) | (If yes give war or dates of service) Address 16. SDCIAL SECURITY NO. 17. INFORMANT Husband John J. Hauck-400 Lamberton Dr. Sil, Sp. Md. No Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN been signed by the the burial-transit of the burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that t the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. this certificate has 38 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health CERTIFICATIO YES I NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a, ACCIDENT WAS UNDERLYING [detached for the Dept. of I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20d, INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME DF INJURY Month, Day, Year D FUNERAL DIRECTOR: After the director, page 3 should be de should be filed with the State I factory, street, office bldg., etc.) be de State Hour a.m. While Not While be retained by ATTENDING at work at work 21. I certify that (I) (this hospital) attended the deceased from 19/0/ and that death occurred at 955 AM, from the causes and on the date stated above. saw the deceased alive on A DATE SIGNED 22a. SIGNATURE 22b. STAFF ATTENDING M.D. PHYS. DIRECTOR L PHYS. 4 may director, p 22d. ADDRESS ton. PHYSICIAN'S ARTHUR NAME (Type) N Street. N. 1733 NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREDE REMOVAL (Specify) Parklawn Cemetery Rockville Maryland 4/25/1966 Burial REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR Robert A. Pumphrey Bethesda, Maryland 1966 VR A15 (4) 15M 4-64



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TO DEPUTY MEDICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designated age	EXAMINER'S NAME (Type)	BEIDEN	10	READI		DICAL EXAMINER Treet, city, town, or co	Um	18/966
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nt	24. FUNERAL DIRECTO	the second second		34 Gerssaia Al	venue 250. F	EC'D BY REGISTRAR	25b. REGISTRAR	S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) COUNTY b. COUNTY Pages 1 urs after gomer MARYLAND b. CITY OR FOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Page ako = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 within 35 NO X YES etely death certificate be executed within pon 3. NAME DE Middle Last DATE Month DECEASED OF car (Type or print) compl MPS DEATH 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Davs | Hours | Min. 9. 7. MARRIED NEVER MARRIED remove WIDOWED [DIVORCED VIS. physician an please ruy 1Da. USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Chauffeuer ariver 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT 0 (Yes. no. or unkown) | (If yes give war or dates of service) 225-07-6626 cremation, the CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND DEATH -transi PART I. DEATH WAS CAUSED BY: MYOCARDIAL or attending physician. 0445 IMMEDIATE CAUSE (a) signed been signed, the burial-tr DUE TO CORNARY OCCUSSION MONTAS Conditions, If any, which (b) gave rise to immediate PERIOSCLEROTIC WEART DISEASE DUE TD cause (a), stating the DISEASE underlying cause last. SB CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY for use Health PERFORMED? certificate VELONEDAR.TIS - RENAL INSUFFICIENCY YES NO C PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part i or Part II of Item 18.) of ached this TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) be de State i factory, street, office bldg., etc.) Hour a.m. While Not While fter at work at work retained d to ARRIL 7 21. I certify that (I) (this hospital) attended the deceased from Vocy 1953 1966 that (1) (we) last shoul DIRECTOR: 19 66, and that death occurred at 2 40M, from the causes and on the date stated above. saw the deceased alive on APPLL 22a. SIGNATURE 22b. DATE SIGNED director, page should be filed ATTENDING Page 4 may M.D. PHYS. DIRECTOR PHYS. FUNERAL PHYSICIAN'S 22c. 22d. ADDRESS ALASKA AUENUENW NAME (Type) was the con DC 20012 BURIAL, CREMATION. 23d. LOCATION (City, town or county) (State) DATE THEREOF REMOVAL (Specify) 2 25a. REC'D BY REGISTRAR 25b. Sol Levinson & Bros. 6010 Reisterstown Rd APR VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05548 CERTIFICATE OF DEATH and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) a. COUNTY o. STATE Rhode Island b. COUNTY Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) oan papers. Pag within 72 hours Bethesda (rural) 9 days Cranston d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? U. S. Naval Hospital 270 Montgomery Ave. NO A NAME OF First Middle 4. DATE Last Year DECEASED (Type or print) 19 66 HENRY 20 Shirley Elaine April DEATH 9. AGE (In years S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED dast birthday) Manths Cauc Oct. 6, 1956 Female WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of wark dane during mast af warking lite, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? USA Wickford, Rhode Island 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charlton J. Henry Geneva Marsh 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? Cranston, Address R. I. 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates af service) Mr. Charlton J. Henry, 270 Montgomery Ave./ 18. CAUSE OF DEATH (Enter only one couse perioe for (a) the part i. DEATH WAS CAUSED BY:

Congenital the part disease, tetralogy of fallot INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) DUF TO Canditions, if ony, which gove rise to immediate cause (a), DUE TO far use as the b Health priar tab stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or Iown) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm. (County) (Stote) Haur o.m. Not While factory, street, office bldg., etc.) at wark fram Apr. 11 , 1966 ta April 20 , 1960 that (1) (we) lost and that death occurred at 1245 M, from couses and on the date stated above. 21. I certify that (this hospital) attended the deceased fram Apr. 11 director, page 3 shauld should be filed with the sow the deceased olive an April 20 1966 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. April 21,1966 M.D. 22c. PHYSICIAN'S 220 ADDRESS Naval Hospital, Bethesda, Md. NAME (Type) J. I. Lynch, M. D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (State) BYOYAL Specify) Arlington National Cemetery Arlington, Virginia 4-23-66 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. RNERA DIRECTUMPHREY Funeral Home **ADDRESS**

7557 Wisconsin Ave., Bethesda, Md.

Charles

VR A15 (4) 20 M 1/66

executed within 24 haurs after death

PHYSICIAN: The law requires that the death certificate

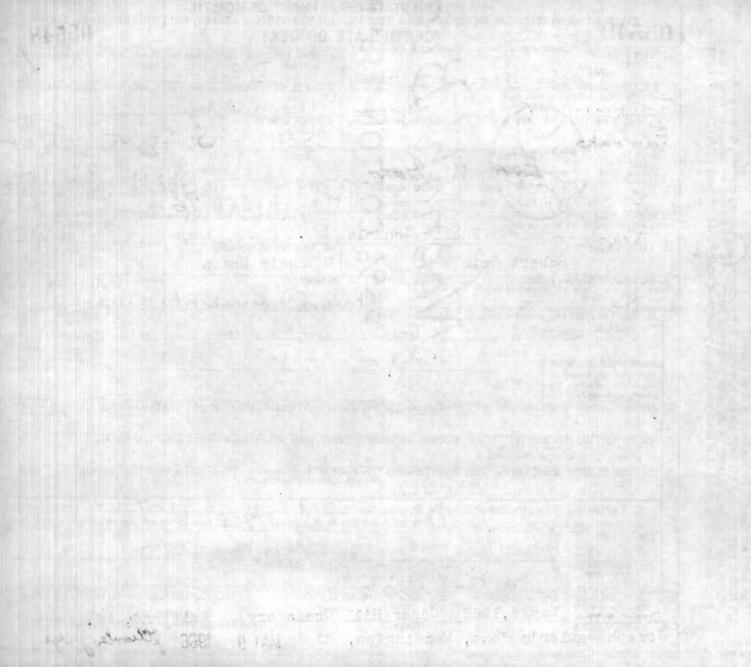
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TO FUNERAL DIRECTOR: After this certificate has been

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M	1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA CERTIFICATE OF DEATH	(15548)
24 hours after death. filled in by the funeral appers. Pages 1 and 2. n 72 hours after death.	1.	PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence of the country of	Idence before admission)
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n by Pag ours		akome Park 2 24 Washington	47-3
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		airoaks 3534 W: Street	YES ND
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an	24	Cremation May 4,1966 Cedar Hill Crematory Stift and May Funeral Director Stift and May Address 25a. Rec'd by Registrant 25b. Rec'd by Rec'd	SIGNATURE
VR A15 (4)	1	Joseph Gawler's Sons, Washington, DC MAY 9 1966 Tolonto	Judge
15M 4-64			-



OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If Justide corporete limits, write RURAL end give neerest town) write RURAL and give nearest lower .5 nece d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street d. STREET ADDRESS e. IS RESIDENCE Res ON A FARM? edar Haven Home YES NO NAME OF Month 4. DATE Middle DECEASED OF (Type or print) DEATH 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. BACE 7. MARRIED NEVER MARRIED last birthday) Months Days WIDOWED DIVORCED physician гетоме USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER attending WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMAM (Yes, no of unkown) | (If yes give wer or dates of service) Same as# 2 18. CAUSE OF DEATH Enter only one cause per line for INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 24-krs IMMEDIATE CAUSE (e) DUE TO arteriosolerosio, gent Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO Z USB certif 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 1B.) OR CONTRIBUTING [CAUSE OF DEATH IJF EITHER, NOTIFY MEDICAL EXAMINER ached 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Month, Dey, Yeer tactory, street, office bldg., etc.) While Not While Hour e.m. at work et work p.m CIOR £, 1966, that (I) (we) last 21. | certify that (I) (this hospital) attended the deceased from May to.... should State |19.6., and that death occurred at 5M, from the causes and on the date stated above. saw the deceased alive on.......... 22b. DATE 228. SIGNATURE SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS. FUNERAL 22c. PHYSICIAN'S ADDRESS filed v 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) + 0 REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNA VR A15 1SM 7-62

MARYLAND STATE DEPARTMENT OF HEALTH

	MARYLAND STATE DEPARTMENT OF HEALTH	
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	-
FOR STATE	05551 Items MEDICAL EXAMINER'S CERTIFICATE OF DEATH	(15551)
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FUNERAL DIRECTOR: Page saith or its designated age	21. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry ,	and in my opinian
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des	ACTUAL SIGNATURE ON BOLL M.D. ASSISTANT MEDICAL EXAMINER []	22. DATE SIGNED
r its	DEDUTY MEDICAL EVANIMED IN 9/19/16	S .
2	NAME (Type) Address (Street, city, town, or county)	
Health or ii	230. BURIAL, CREMATION, REMOVAL Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Removal Specify) Rockville, Maryla	(County) (Stote)
IN	24. FUNERAL DIRECTOR Collen Colls 8434 ADDRESS gia Avenue 2008 Dev REGISTRAR 25 1066 Clarks	
E (5)	Warner E. Pumphrey, Inc. Silver Spring. Nd. 18th 22 1966 June	Judge

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY 4 4 Montgomery Maruland Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Silver Spring Silver Spring uear = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? filled in 7 9039 Sligo Creek Parkway 9039 Sligo Creek NO completely noq Month Year NAME DE Oav Middie OF DEATH DECEASED William Hnot (Type or print) 19 66 6. COLOR OR RACE | 7. MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. SEX DATE OF BIRTH NEVER MARRIED remove Male Nov. 6. 1929 White WIDOWEO [DIVORCEO T 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) ease COUNTRY? during most of working life, even if retired) INOUSTRY and Dist. telegraph Reading. Penna. Salesman ă removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending ph Joseph Knot Anna Shusko 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. transit permit. The law requires that the death (Yes, no. or unkown) (If yes give war or dates of service) 501 Gibson & Sanders the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). n signed by t burial-transit burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) hospital or attending physician. DUF TO Conditions, If any, which peen gave rise to Immediate まな DUE TO cause (a), stating the underlying cause last. (c) has as WAS AUTOPSY 119. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health use PERFORMED? certificate YES [NO 1 this cerus detached for 20a. ACCIOENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (State) 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While Not While 19 at work at work p.m. P the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the and that death occurred at \$2.20M, from the causes and on the date stated above saw the deceased alive on C DATE/SIGNED 22a. SIGNATURE ATTENDING STAFF DIRECTOR M.D. PHYS. PHYS. 22c. PHYSICJAN'S 22d. AODRESS O FUNERAL director, should be NAME (Type) Page NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, DATE THEREOF 23c. REMOVAL (Specify) 34 ADDRESS 25a. REC'D BY REGISTRAR FUNERAL DIRECTOR 25b. 1968 Inc. Silver Spring, VR A15 (4) 20M 1/65

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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) 4 while at work at wor		underlying source lock		
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21. I certify that (I) (this hospital) attended the deceased from				
21. I certify that (I) (this hospital) attended the deceased from	Ħ	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED		inty) (State)
saw the deceased alive on \$\frac{1926}{22a}\$, and that death occurred at \$\frac{1200}{1200}M\$, from the causes and on the date state \$\frac{22a}{22a}\$. SICNATURE 22a. SICNATURE ATTENOING MEO. PHYS. 22b. OATE SICNED ATTENOING MEO. DIRECTOR PHYS. 4/2 9/4	Н	p.m. 19 While at work at work		
22a. SICNATURE 22a. SICNATURE M.O. ATTENOING MEO. DIRECTOR PHYS. 22b. OATE SICNED MEO. DIRECTOR PHYS. 4/2 9/6 22c. PHYSTCIAN'S NAME (Type) B. AFR DROP. M.D. 808 PR. S. D. D. S. VER SOVID 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Soecify) May 2, 1966 Rock Creek Cemetery Washington D. C. 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SICNATURE	H	21. I certify that (I) (this hospital) attended the deceased f	from 2/14 , 1947, to 4/29 , 1961	that (1) (we) last
22c. PHYSICIAN'S NAME (Type) B. M.O. PHYS. DIRECTOR PHYS. DIRECTOR DIRECTO	H			
22c. PHYSTCIAN'S NAME (Type) B. H. P. D. R. P. D. S. D. B. L. C. S. D. L. C.		22a. SIGNATURE	ATTENOING MEO. STAFF	ATE SIGNED
NAME (Type) 1. ALR DROP. IND. 808 TRAING Dr. SIVER SOUTH 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Society) May 2, 1966 Rock Creek Cemetery Washington, D.C. 24. FUNERAL DIRECTOR Thomas 8434 Deergia Ave., 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		22c Physician's	M.O. PHYS. DIRECTOR PHYS.	27/60
REMOVAL (Soecify) May 2, 1966 Rock Creek Cemetery Washington, D.C. 24. FUNERAL DIRECTOR FROM A SUBJECT OF SUB			AND CONCERN OF STATE	Spring Ad
24. FUNERAL DIRECTOR Shomas 8434 Georgia Aug. 25a. REC'D BY REGISTRAR'S SICNATURE		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF C	EMETERY OR CREMATORY 23d. LOCATION (City, town or col	unty) (State)
Child romas 8434 Georgia Hugy		Burial May 2, 1966 Rock Cre	eek Cemetery Washington. D.C	/
		24. FUNERAL DIRECTOR Thomas 8434 George		'S SICNATURE
		Warner E. Pumphrey, Inc. Silver Sp.	A A A A A A A A A A A A A A A A A A A	es Judge.

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2 " - " it. Essett piace ad i to it. Leine Til 3, 1900 on Francisco Cockey ance to Pierrell, inc. Education, in. and the second TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, and completely filled in by the functal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death:

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION	OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTI	MORE 1, MARYLAND
05554	CERTIFICATE OF DEATH	0551

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1.	PLACE OF DEAT	Н	1.744			2. USUAL RESIDE	NCE (Where d			esidence	before ad	mission)
		n a rv			MARYLANO	a. STATE	mle	b. cou	NIY			
	b. CITY OR TOW	Nery /N (if outside corpora and give nearest tov	te limits,	c. LENGTH O	F STAY IN 1b	c. CITY OR TOWN (orporate limits, v	rite RURAL	and gly	e neares	t town)
	Bethese	and give nearest toy	vn)	2 day	ra	Bronx				19	9	
_		SPITAL OR INSTITUTION	ON (if not in h			d. STREET ADDRES	S			6	. IS RES	IDENCE
m	b = 034-4		Dabba	-a- Ma	2001/	4 500 5					ON A F	ARM?
		cal Center,						Avenue	Alla		YES	-
3.	NAME OF DECEASED		Irst	Midd	110	Last	4. DATE			Day	Yea	
	(Type or print)	Sadi	.0	(None)		Horwitz	DEAT	22/22		20	196	
Э.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER M	ARRIED [8. DATE OF BIRTH		AGE (In years last birthday)	Months I	0ays	Hours	Min.
	Female	White	MIOOMEO	MAN.	VORCED	7 January 1		66 yrs.				
10 du	a. USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	done 10b.	KIND OF BUSIN	ESS OR	11. BIRTHPLACE	(County & Stat	te, or foreign count		DUNTRY	OF WHAT	
	Homemal			one		New Yor	k			ISA	Doe .	
13	. FATHER'S NAM					14. MOTHER'S MA						
	Leon St	tetmen				Fanny	Wiesen					
	. WAS DECEASED	EVER IN U.S. ARMED FO		. SOCIAL SECUR	ITY NO. 17.	INFORMANT The	Maddan	D - Addr	ess	-		
(Y		(If yes give war or dates								113	2001	
	NO I 18. CAUSE OF	DEATH (Enter only or				The Clinica	I Cent	er, Beth	sq2,		RVAL BET	
		DEATH [Enter only on EATH WAS CAUSED BY	1.							ONS	ET AND	DEATH
	/ ~	IMMEDIATE CAUSE	(a) <u>Pr</u>	obable]	Bacteri	1 Septicem	nia			2	Deys	
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	Conditions, If gave rise to		(b) Le	ft Pleu:	ral Emp	yema				2	Days	
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_	underlying caus		(-)			t Carcinoma					Year	
CERTIFICATION	PARTII. OTHER	SIGNIFICANT CONDITI	ONSCONTRIB	UTING TO OEAT	H BUT NOT REL	ATED TO THE TERMINAL	L DISEASE CO	NDITION GIVEN I	N PART 1(a)	19.	WAS AU PERFOR	
ICA										YE		NO 🗌
TIF	20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOV	V INJURY OCC	JRREO. (Enter nature	of injury in	Part I or Part II	of Item 18.)		
CER	(IF EITHER, NO	WAS UNDERLYING ING CAUSE OF DEATIFY MEDICAL EXAMI	NER)									
AL	20c. TIME OF	INJURY Month, Day,	Year 20d.	INJURY OCCURI	REO 20e. PL/	CE OF INJURY (Home,	farm, 20f.	(City or town)	(Cou	nty)	(5	State)
MEDICAL	Hour a.r		While	Not While	facto	ory, street, office bldg.	, etc.)					
Σ	p.i		at wor				66 .	A37 21	2 10 6	4	1 (1) /	-> 14
	21. I certif	fy that (this hos	pital) attend	led the decea	sed from	april 18	19.00 , to	April 2	19.0	O_, th	at 30 (W	(e) last
	saw the de	ceased alive on A	DETT 2	1900	2, and tha	t death occurred at	M, 1	rom the cause:	s and on th	ne date	e stated	above.
	ZZa. SIGNATO	Ula H	1/6	A	11	ATTENOING >	MEO.	STAFF				,,
	22c. PHYSICIA	Will have	yay	COLX X	М.	D. PHYS. 22d. ADDRESS	OIRECTOR	PHYS.	11 20 A	pr1	1 190	55
	NAME (T	vpe)	+ 0 0		MD							
-	1			2.52/2223	MD.	Institute				_		
23	REMOVAL (Sn	octfu\				Y OR CREMATORY		LOCATION (City,				tate)
	surial	4/21/	00			Cemeter		v York,				
2	. FUNERAL DIRI	ECTOR Wash	. D.	C. ADDRE				GISTRAR 25b.			ATURE	
E	. Danza	ansky & So		501 14t	h St.	N.W. OAP	K 2 2	1966 80	liante	J Jan	of	

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NAME OF THE PARTY.		ent Carcinomical Line	nt stratiana		
	130,11	An Lings of State of Cings	30 0 Ltm		
		Manifest Clarification	- 3		
	, Person	Institutes II Health, See		4-11-2	
121		AFR 2 3 BSS 1824			Samuel Ale

INTERVAL BETWEEN ONSET AND DEATH 10 years PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? ND 3 2Db. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (State) (County) 19 66 that (I) (9635 last M, from the causes and on the date stated above. 22b. DATE SIGNED page April 6. 1966 PHYSICIAN'S 22d. **ADDRESS** McKendree Bove 9701 Church Street director, p NAME (Type) M.M.Bover Damascus, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Laytonsville Laytonsville, Md. 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Laytonsville, Md. Francis H. Barber Charles

Montgomery

Day

Davs

12. CITIZEN DF WHAT

6

e. IS RESIDENCE ON A FARM?

Year

1966

Hours

YES

ND X

VR A15 (4) 20M 1/65

TO FUNERAL

and that doll sample from -released-slorid Cecompetitive and Artiference ST4 9-1 11 M. Besterdiere Seyler, M. D. College 9701. Charch Street de-8-1 Lartoneville, Md. Lettnerile fsinud Francis H. Barber tartonsville, Md.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. signed by **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. directar, page 3 shauld be detached tar use as the shauld be filed with the State Dept. af Health priar ta FUNERAL DIRECTOR: After 0

saw the deceased olive on

22o. SIGNATURE

22c. PHYSICIAN'S NAME (Type) 230. BURIAL CREMATION.

REMOVAL (Specify) ADDRESS 2So. REC'D BY REGISTRAR

NAME OF CEMETERY OR CREMATOR'S

M.D.

22d. ADDRESS

e. IS RESIDENCE ON A FARM?

YES NO

Year

IF UNDER 24 HRS

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

19 (that (I) (we) last

(Stote)

(Stote)

(County)

22b. DATE SIGNED

(County)

196 C, and that death accurred at 329 AM, from couses and on the date stoted obove.

PHYS.

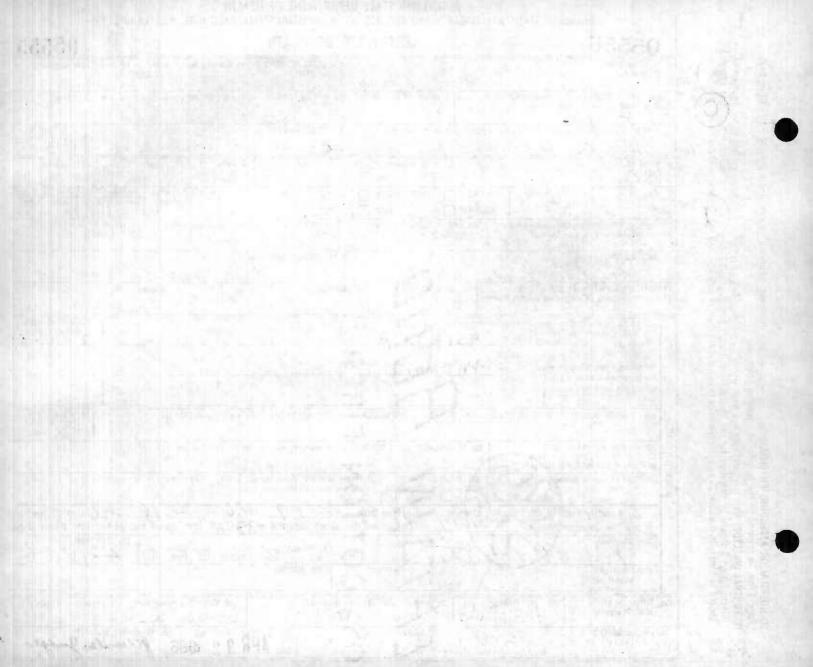
23d. LOCATION (City or Town)

DIRECTOR

Doy

Dovs

COUNTRY?



FOR STATE HEALTH DEPT.

Division of STATISTICA

OFFED

TO DEPUTY MED EXAMINER. This certificate should be executed within 24 hours after death. If any delay cessary, please execute are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and a with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any went within 72 hours after death.

	MARY	LAND	STATE	DEPAR'	TMENT	OF HEA	ALTH			
TICAL	RESEA	ARCH A	ND RECO	RDS, 301	W. PREST	TON STR	EET, BA	LTIMORE 1,	MARYLANI)
MED	ICAL	FXA	MINER	S CFR	TIFICA	TE O	FDFA	TH	055	T.C

MILDIOAL LAAMINERS	CERTIFICATE OF DEATH
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If inst)tution: Residence before admission)
Monegomery MARYLAND	* STAM aresland b. Country - Lacras
b. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nea eat fown)
Sakima Kirk / year	Chilleen 16 2
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
Oakhaven Nursing Home	5810 - 10= Place YES NO
3. NAME OF First Middle DECEASED FOR THE TRANSPORTED TO THE TRANSPORTE	Lest 4. DATE Month Dey Year OF DEATH CAPTED 14 19 66
5. SEX 6. COLOR OR PACE 7. MARRIED NEVER MARRIED	8. DATE OF RIRTH 19. AGE ON YEARS LIFTUNDER 1 YEAR HE LINDER 24 HRS.
A A A A A A A A A A A A A A A A A A A	10-19-1889 last birthdey) Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done 10b. Rind of BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY2
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James (7,000.	Locale Locale
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, og unkown) (If yes give war or dates of service) 220 -44 -5147 &	Levar O. Mealon (SAME)
18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Edema ONSET AND DEATH
4200 DUE TO 0 4- 01	1110 (0)
conditions, if any, which) (b) (Maestive (+)	east tailure (Chronic) 6 yrs.
gave rise to immediate ceuse (e), stating the DUE TO	1: 11 1 1 1° 10 11
underlying ceuse lest. (c) (Irlereosclero	tic Heart Wisease, 10 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COUNTY OCCU	YES NO X
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in Pert I or Pert II of Item 18.)
[O]	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ry, street, office bidg., etc.)
Hour e.m. While Not While at work at work	13, 30, 500, 40, 600, 600, 600, 600, 600, 600, 60
21. I certify that I took charge of the remains described above, hel	ld an Autopsy 🔲, Inspection 💢, Inquiry 💢, and In my opinion
	cide , Homicide , Undetermined manner
1 1/201 1 / 1 / 20	// CHIEF MEDICAL EXAMINER
SIGNATURE Nellen Coap Mi	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
EXAMINER'S BELDEN R. REAP, (VI.D.	- DEFUTY MEDICAL EXAMINER Address (Street, City, Town, or county)
236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
Bufffat (Specify) 4/19/66 Arlington N	Nat. Cem. Ft. Myer, Va.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Lee Funeral Home 300-4th St. N.E.	Wash DAPR 19 1966 Johnsonles Judges

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. after death. 1. PLAGE DF DEATH 2. USUAL RESIDENGE (Where deceased lived, If institution: Residence before admission) a. GDUNTY ONTGOMEN MARYLANO CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) = etely filled in bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET etely carbon NAME DE Middle Last 4. DATE Month DEGEASED DF event, (Type or print) DEATH 5. SEX AGE (In years | IF UNDER 1 YEAR last birthday) | Months | Days 6. CDLOR DR RACE DATE OF BIRTH emove 7. MARRIED X NEVER MARRIEO and WIDOWED DIVORCED 10a. USUAL DCGUPATION (Give kind of work done) 10b. KIND OF BUSINESS DR 12. CITIZEN DF WHAT BIRTHPLACE (County & State, or foreign country) physician lease and in law requires that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? FATHER'S NAME MDTHER'S MAIOEN NAME removal attending phermit. Then 15. WAS DEGEASED EVER IN U.S. ARMED FORCES? the atte. 16. SOCIAL SECURITY ND. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) cremation 18. GAUSE DF DEATH [Enter only one cause per line for (a), ò PART I. OEATH WAS CAUSED BY al-trans the hospital or attending physician. signed IMMEDIATE CAUSE (a) ins.

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16	Di	Items 18-21 Film G377 6/3MARYLAND STATE DEPARTMENT OF HEALTH	
X N		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAT MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE DF DEATH a. COUNTY 2. /USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Prince George e. STATE Maryland Montgomery MARYLAND Department after death. b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) may DOA Laurel Olnev d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State hours a Montgomery General Hospital 1103 Snowden Place NO X EXAMINER: This certificate should be executed within 24 hours after death. If any del ne certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and should be forwarded to the Chief Medical Examiner's Office along with form PM3. NAME DE First Middle 4. DATE Month Day Year Lest the DECEASED OF DEATH 23 April 66 William Cecil Jones (Typa or print) 19 6. COLOR OR RACE | 7. MARRIED DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Jast birthday) | Months | Days | Hours | Min. NEVER MARRIED Male White WIDOWED 10a, USUAL OCCUPATION (Give kind of work done during most of working lifa, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foraign country) INDUSTRY COUNTRY? USA Minister pages 1 in any 13. FATHER'S NAME MOTHER'S MAIDEN NAME File g 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN permit. (Yes, no, or unkown) (If yes give war or dates of service) Family & Medical Records, Olney, Md. No INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY burial-transit cremation, or IMMEDIATE CAUSE (a cremation. DUE TO Conditions, If any, which gave rise to immediate DUE TO causa (a), stating the CO underlying cause last. used as to burial. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 119. CERTIFICATION PERFORMED? YES 3 should be agent, prior 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 1B.) 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Hour a.m. While Not While CTOR: Page designated at work at work and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection O FUNERAL DIRECTOR: Undetermined manner death resulted from: Natural causes Suicide Homicide Accident CHIEF MEDICAL EXAMINER your ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE for 0 DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** director. town, or county) NAME (Type) BURIAL, CREMATION. NAME OF CEMELERY OR CREMATOR LOCATION (City, town or county) (State 23b. DATE THEREOF REMOVAL (Specify) asthero Memorio REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS VR ALSME (5) 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05500 CERTIFICATE OF DEATH funeral and 2 r death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Pages 1 irs after after by the b. CITY OR TOWN (If outside corporafe limits, write RURAL and give nearest town) MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b oon papers. Pag within 72 hours E. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled e. IS RESIDENCE ON A FARM? d. STREET ADDRESS NO X YES ARIZONA completely carbon 3. NAME OF Middle DATE Month Year Day DECEASED event, (Type or print) DEATH 1966 ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS SEX 6. COLOR OR RACE DATE OF BIRTH remove 8. 7. MARRIED NEVER MARRIED last birthday) Months | Hours Days and any 8 WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Cive kind of work done | .= 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician lease and in during most of working life, even if retired) INDUSTRY COUNTRY? OUSEWIF FATHER'S NAME MOTHER'S MAIDEN NAME attending ph ermit, Then removal cert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? signed by the attend burial-transit permit. burial, cremation, or re 16. SOCIAL SECURITY NO. INFORMAN' 17. Address (Yes. no. or unkown) (If yes give war or dates of service) ADDINGTEN: INTERVAL BETWEEN CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) been s. he buria. buria. DUE TO Queial Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. After this certificate has d be detached for use as State Dept, of Health prior WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? CERTIFICAT NO L 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work p.m. at work ould the 196 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from FUNERAL DIRECTOR: 3 shoul 19 66, and that death occurred at \$ 15 M. from the causes and on the date stated above. saw the deceased alive on 22a. SICNATUR 22b. DATE/SICNED page STAFF PHYS. DIRECTOR M.D. Page 4 may 800 Pershing Drive director, p 22C. PHYSICIAN'S 22d. ADDRESS NAME (Type) Ira N. Tublin Silver Spring, Maryland NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. (State) 23a. ORGE REC'D BY REGISTRAR EUNERAL DIRECTOR **ADDRESS** 25b. REGISTRAR'S SICNATURE VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY the figes 1 Maryland Montgomery Montgomery MARYLAND by the Pages CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. 172 hours hours Silver Spring = 47 Days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled d. STREET ADDRESS within The Clinical Center, Bethesda 14, Maryland 10200 Brunett Avenue YES ND X npletely carbon p executed within 3. NAME OF DATE Year DECEASED event, compl (Type or print) Karafas DEATH April 19 66 (NMN) Mary 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS last birthday) | Months | Days | Hours | Min. DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED any and 16 August 1916 Female White WIDOWED DIVORCED 49 = 10a. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT a during most of working life, even if retired) INDUSTRY COUNTRY? and USA Pennsylvania Housewife
13. FATHER'S NAME certificate 14. MOTHER'S MAIDEN NAME remova attending Joseph Handlovic Susan Andrésko 16. SDCIAL SECURITY NO. | 17. INFORMANT The Medical Records. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | transit permit. (Yes, no, or unkown) (If yes give war or dates of service) death 186-20-2312 The Clinical Center, Bethesda 14, Maryland the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit should be filed with the State Dept. of Health prior to burial, cremains the state of the sta ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonitis of undetermined etiology be retained by the hospital or attending physician. Conditions, If any, which (b) Acute Myelogenous Leukemia gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES X ND F 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) factory, street, office bldg., etc.) Hour a.m. Not While ATTENDING at work 21. I certify that \$0 (this hospital) attended the deceased from 21 February 1966 to 9 April __ 1966 , that () (we) last 1966, and that death occurred at 10:45M, Por the causes and on the date stated above. saw the deceased alive on 9 April 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. 10 April 1966 DIRECTOR M.D. PHYS. 4 may PHYSICIAN'S 22d. ADDRESS The Clinical Center, National NAME (Type) Alexander A. Levitan. M.D. institutes of Health, Bethesda 14, Md. Page 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 13/66 Ft. Lincoln Cemetery Prince Georges County, Md 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S 24. FUNERAL DIRECTOR **ADDRESS** The S.H. Hines Company VR A15 (4) 15M 4-64

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MARYLAND STATE

DEPARTMENT	OF HEALTH	
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1	Items 18821 Film G370 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	OSSO MEDICAL EXAMINER'S CERTIFICATE OF DEATH ### Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ### 15564
HEALTH DEPT	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
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any delay is necessary, 2, and 3 to the funeral PM3. Page 5 may be the State Department. In 72 hours after death.	WAShington SAN + HOSD. 120 SyCAMORE YES NOW
dela and St. P. Phou	3. NAME OF DECEASED First Middle Last 4 DATE Month Day Year
any of 2, ar PM3.	(Type or print) MICHARD JULIUS KLINDT DEATH UPR. 20 1966
th. If an form P form P within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR
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	(Yes, no, or unkown) (If yes give war or dates of service) HOSDITAL RECORDS
within 2 pencil ir miner's permit. removal,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
ted in l Exam Sit p	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute suppurative meningitis; accompanied by
"pending" in "pending" in f Medical Exan burial-transit cremation, or	Conditions, If any, which) bronchopneumonia; and malignant lymphoma
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Thi srwa sho sent	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While at work et work
NER:	
CAL EXAMINE the certificate of the certificate of t	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
L EXA he ce shoul files.	death resulted from Natural causes Acordem Suicide , Homicide , Undetermined manner
IICA IICA Our REC Is d	ACTUAL ACTUAL ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
Page Page It for your NAL DIRE	SIGNATURE DEPUTY MEDIOAK EXAMPLER X A 7 0 00
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please execute the critical first of the critical first of the critical for your first of Health or its design of Health or its design of Health or its design of the critical first of the critical f	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City/town or county) (State)
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M	27) Tollighing Street Street
VR A15ME 3500 4-64	W. K. Huntemann & Son, 5/32 Georgia Ave 1 .V. MR 2 5 1966 There's Judge

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, If institutions Residence before admission b. COUNTY Montgomery by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give neerest town) Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE 4600 Bowlen Road. Fairland Nursing Home NO 3. NAME OF Middle (Type or print) DEATH Dera Klomparens 19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) DIVORCED Aug. WIDOWED X 10. 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired South Haven, Mich. Own home Housewife please Charles Abell Cora Webb 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. Donald Boyd None 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] 48 hrs. PART I. DEATH WAS CAUSED BY: Bronchial pneumonia IMMEDIATE CAUSE (e) DUE TO Generalized arteriosderosis 5 yrs. (b) gave rise to immediate cause DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 2De. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING _ CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.) Not While MEDI Hour e.m. 19, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from....19......., and that death occured at 2 na, often the causes and on the date stated above. saw the deceased alive on., 22e. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S . Bonifant, M.D. Medical Center, Sandy Spring, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Arlington Virginia 966 Arlington National Cem. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61

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1511	-	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM	IORE 1, MAR	YLAND
FOR STATE	D.	5568 MEDICAL EXAMINER'S CERTIFICATE OF DEATH		05566
HEALTH DEPT	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, I a. COUNTY		dence before admission)
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any dan's, 2, an PM3.	-	(Type or print) HERMAN FREDERICK KONIG DEATH APR: SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In ye	Phys Control of the C	1966 EAR IF UNDER 24 HRS
r death. If a ve Pages 1, 2 with form P and 2 with		I MARKIED WEVER MARKIED I last birthd	ay) Montha Da	
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r's ril ir.	1	NO, or unkown) (If yes give war or dates of service) 041-09-2712 MARIAN B. KONIG -WIFE	See Iter	m #2.
uted within 24 hours after death. I in pencil in Item 18. Give Pages Examiner's Office along with form sit permit. File pages 1/ and 2 woor removal, and in any entitivities.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		NTERVAL BETWEEN ONSET AND DEATH
uld be executed "pending" in if Medical Exan burial-transit in cremation, or in		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary occlusion;		ONGET AND DEATH
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ief W ief W a bu		cause (a), stating the DUE TO		
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		EXAMINER'S SELDEN LEAP M. DAddress (street, city, town, or county)	4/27/	11966
DEPUTY please e) director. retained FUNERA of Health	23a	REMOVAL (Specify)	y, town or count	y) (State)
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5M 1/65		5130 Wisc. Ave. N. W. Vash. DC. DATE DATE		0

AND REPORTED TO SHEET THE RESIDENCE OF THE Alpha St. St.

1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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Tuneral and a state of the stat	a. STATE (Caruland b. COUNTY)
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hin 72 hours	TAKOMA PARK 3/2 day Hyatts willer. 16.2
7/	d. NAME OF HDSPITAL DR INSTITUTION (if not in hospital, give street address) O. STREET ADDRESS O. STREET A
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~ 1	3. FATHER'S NAME TO VIOLET GOV TO Engraving WASh. D.C. V.S.A.
remova	Charles VLANAYNE Virginia CLARKE
5 6	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 220-44-55-01 Records
cremation, or	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1
burial, crema	PART I. DEATH WAS CAUSED BY: Untestinal obstruction ONSET AND DEATH
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	cause (a), stating the DUE TO
NO	underlying cause last.) (c) QUALITY CAPTURE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
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	saw the deceased alive on Charlo 6 1966, and that death occurred at 3 55 M, from the causes and on the date stated above 22a. SIGNATURE 22b. DATE SIGNED
filed	ATTENDING MED. STAFF DIRECTOR PHYS. CYPT 26 6
ld be	PHYSICIAN'S NAME (Type) W. W. Eastman 22d. ADDRESS 831 University Blud., E., S. S., Md.
3.5	3a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
2 2	Surial 29 April 1966 Fort Lincoln Cemetery Prince Georges Co. Md. 24. FUNERAL DIRECTOR LANGUE 8434 GEORGIA Avenue 25a. REC'D BY REGISTRAR'S SIGNATURE
Ma	Varner E. Pumphrey, Inc. Silver Spring, Nd. DATIMAY 2 1966 Icharles Judge

But the confidence of the control of Specialist Colections Markett 25 days C 1544 Sept 20 and Sept 1 Sept 20 and Sept 3 Sept 20 and Sept The state of the s

1	VI	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARYLAND
<u> </u>	2	1	CERTIFICATE OF DEATH	05568
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24	paper in 72		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 5425 Alta Vista Road	e. IS RESIDENCE ON A FARM? YES NO
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ed v	-	5.	(Type or print) MARTE LASKY DEATH 9. AGE (In years IFUNDER 1 1 1 1 1 1 1 1 1 1	YEAR IF UNDER 24 HRS.
recut	any event,	1	Formate with to widowed Divorced 10/25-188 17 yrs.	Days Hours Min.
be be	n please re val, and in a	/1Da dui	uring most of working ilfe, even if retired) INDUSTRY COL	IZEN OF WHAT JNTRY?
certificate	val,	13	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	2,//
ertif	Then	1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
## #	rmit.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service)	ne Atake
	ansit pe		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
that the sician.	l-transi I, crem		PART I. DEATH WAS CAUSED BY: CEREBROVASCULAR ACCIDENT (STROKE)	24-30 M
es hy	burial-tra		Conditions, If any, which \ (b) THROMROSIS OF BASILAR ARTERY	24-30 HRS
	the or to		gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c) CEREBRAL ATHEROSCLEROSIS	UNKHOWY
	for use as Health pri	CATION		19. WAS AUTOPSY PERFORMED? YES NO
	t. of	CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)	
G PHYS	ter this be detacl	MEDICAL	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY DCCURRED Local PLACE DF INJURY (Home, farm, factory, street, office bidg., etc.) While at work at work at work at work	nty) (State)
NDIN bed b	T D O	2	21. I certify that (I) (this hospital) attended the deceased from OCT 22, 1965, to APRIL 15, 1966	, that (I) (we) last
TTE	shoul ith th		saw the deceased alive Dn APRIL 15 1966, and that death occurred at 3:00 P.M, from the causes and Dn th	e date stated above. TE SIGNED
OR be	page 3 filed w		ZZU. AUTOTOTE	15/66
HOSPITAL age 4 may	d be	1	22c. PHYSICIAN'S NAME (Type) Edward A. Beeman, M.D. 22d. ADDRESS 1015 Spring St., Silver Spri	ng. Md.
Page Page	direct	23	3a. BURIAL CREMATION; 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or cour	
1111	DUT II	24	24. FUNERAL DIRECTOR . ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	
VR A1		1	Bransporty & forms 3501-1457. new MPR 22 1966 policyles.	Judge

3. NAME OF DECEASED Section Sect	gwn) / ENCE IM? C
a. COUNTY A STATE D. COUNTY D. COUNTY D. COUNTY D. COUNTY D. COUNTY D. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ence IM?
HOLY CROSS HOSPITAL OF SILVER SPRING 3411 OINEY - LACHONSUITE ROLLING ON A FARM 35 INC. 3. NAME OF DECEASED (Type or print) Todd Chelstopher LAUGh Lin OF DEATH 4 20 19 66 (Trype or print) Todd Chelstopher LAUGh Lin OF DEATH 4 20 19 66 (In years last birthday) William 15. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 88. DATE OF BIRTH 99. AGE (In years last birthday) Windints Days Hours Months D	ENCE IM?
HOLY CROSS HOSPITAL OF SILVER SHRING 3411 Olney - Laytonsul/E Rd. YES NO NO A FARK THE STATE MONTH Day Year OF DECEASED (Type or print) Todd Cheistopher Last 4. Date Month Day Year OF DEATH 4 20 19 66 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours	L 4 HRS.
Holy Cross Hospital of Silver Spring 3411 Olney - Laytonsuile Rd. Yes no on a far year of deep of print) And of the state of the sta	4 HRS.
3. NAME OF DECEASED (Type or print) 10 d	HRS.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MA	HRS.
DIVORCED DIVORCED TO STATE OF MALE WINDOWED DIVORCED TO STATE OF MARY AND STATE OF M	46
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng, or unknown) ((If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (Father) Address Oliver, Maryland (Trather)	
13. PATRER'S NAME LAWRENCE L. LAUGH LIN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Father) Address One Mayor (Yes, ng, or unkown) (If yes give war or dates of service)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Father) Address One, Mary (Yes, ng, or unkown) (If yes give war or dates of service)	
	PD7
TIES CAUSE DE DEATH [Enter only one cause per line for (a), (b), and (c).]	EEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Program as Associated a	ATH
State of the state	
West, no. or unknown) (If yes give war or dates of service) 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOM 19. WAS AU	
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p.m. 19 at work at work 19 19 (this hospital), attended the deceased from 4 19 1, 19 6, to 4 10, that (1) (we)	last
saw the deceased alive on 4-1966, and that death occurred at M, from the causes and on the date stated at	
22a. SIGNATURE 22b. DATE SIGNED M.D. ATTENDING MED. STAFF PHYS. ALTERNATIVE 22b. DATE SIGNED ALTERNATIVE 22c. DATE SIGNED	
Hour a.m. p.m. 19 While at work at work 21. I certify that (I) (this hospital) attended the deceased from the decase and on the date stated at saw the deceased alive on the decased alive on the	16
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State	9)
BORIAG 17 au Cont Brocker Cont William	
24. FUNERAL DIRECTOR! WICLIAM W. ADDRESS WOSh. D. C. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	

11 A North and the last was severe and severe and the The same of the sa a land of the land of the land of the Const Const of strength of the method to the sway and In the state of Brown Country State 2449817 and State of the BOLIAL A- 20-64 THE LINCOLU CERT - WASHINGTON

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 05572 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENGTH DF STAY IN 1b c. CITY OR TOWN (Noutside Corporate limits, write RURAL and give nearest town) e carbon papers. Pag event, within 72 hours Spring Buears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO T Althea Woodland Nursing Home 1000 Daleview YES executed within completely 3. NAME OF Middle 4. DATE Month Day Year Last DECEASED (Type or print) DEATH 13 1era Lee 1966 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 9. 8. NEVER MARRIED 7. MARRIED last birthday) Months n and Hours ec. 12,1874 DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN DE WHAT (County & State, or foreign country) lease and in death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? USA Clerk

13. FATHER'S NAME MOTHER'S MAIDEN d or removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN as the burial-transit permit. (Yes, no, or unkown) (If yes give war or dates of service) INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY TO FUNERAL DIRECTOR: After this certificate h director, page 3 should be detached for use should be filed with the State Dept. of Health _I PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While OR ATTENDING be retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from May 196 19 66, and that death occurred at 500M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING Page 4 may t M.D. PHYS. PHYS. DIRECTOR PHYSICIAN'S 22d. ADDRESS NAME (Type) (State) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 0 REC'D BY REGISTRAR FUNERAL DIRECTOR 25a. VR A15 (4) 15M 4-64

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

> VR A15 (4) 20M 1/65

1		DIVISIO	N OF STATISTIC	CAL RESE	EARCH AND RECORDS	6, 301 W. PRESTO	N STREET,	BALTIMOR	E 1, MAR	YLAND	
1	0	5573			CERTIFICAT	E OF DEATH	1		5	557	1
	1.	PLACE OF DEATH	ntgomery		MARYLANO	2. USUAL RESIDENCE a. STATE Man	CE (Where decea	sed lived, If institution b. COUNTY		once before a	
		b. CITY OR TOW write RURAL	N (if outside corpora and give nearest tow	te limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corpo	rate limits, write			
		Silver S	pring		19 years	Silver Sp	rina		13	5-1	
		d. NAME OF HOS	SPITAL OR INSTITUTION	ON (if not in I	nospital, give street address)	d. STREET ADORESS				e. IS RE	SIDENCE FARM?
		9708 Sui	therland Ro	ad		9708 Suth	rerland	Road		YES 🗌	NO (X)
	3.	NAME OF DECEASED	Fi	irst	Middle	Last	4. DATE OF	Month	D	ay Ye	ar
		(Type or print)	Jennie		Charlotte	Leek	DEATH	April		4 19	
	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. OATE OF BIRTH	9. /	ACE (In years IF ast birthday) M	UNDER 1 YE	AR IF UNDE	R 24 HRS.
	-	Female	White	WIDOWED	OLVORCED [ep 6, 1869		96 yrs.	onths Oay	s Hours	Win.
	10a dur.	. USUAL OCCUPAT	ION (Cive kind of work ing life, even if retire	done 10b. i	KIND OF BUSINESS OR	11. BIRTHPLACE (C	ounty & State, or	foreign country)	12. CITIZE		T
	1	donsewife			n home	Michigan			u. S	. A.	
		FATHER'S NAM				14. MOTHER'S MAIL	DEN NAME				
	(Cornelin	Struble			Approveds	: Mary S				
			EVER IN U.S. ARMED FO		SOCIAL SECURITYNO. 17.	INFORMANT	6	401 Address	0.4	Pain	
		Vo	None	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	YES Ago	res L. Brack		ockville	erman.	Lane	
	1	18. CAUSE OF	DEATH [Enter only on	e cause per	line for (a), (b), and (c).]					TERVAL BI	
		PART I. OF	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a) (5)	eneralized	arterios	clerosi	2		NSET AND	V COIT
		450	O OUE								7
		Conditions, if	any, which	(b)				34.4			
4		gave rise to cause (a), si						STORE S			
3		underlying caus		(c)							
3	CERTIFICATION	PART II. OTHER S	IGNIFICANT CONDITION	ONS CONTRIB	UTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL (DISEASE CONDI	TION CIVEN IN PA		9. WAS A PERFO	UTOPSY RMED? NO
	TIF	20a, ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJURY OCCU	JRREO. (Enter nature of	f injury in Part	I or Part il of I	tem 18.)		
ă	CER	(IF EITHER, NO	NC CAUSE OF DEA	NER)							
7	CAL		NJURY Month, Day,	Year 20d.	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	arm, 20f. (Ci	ty or town)	(County)		(State)
	MEDICAL	Hour a.n		While at wor	Not while	ry, street, office bidg., e	(C.)				
		21. I certif	y that (I) (this hee	pital) attend	ded the deceased from	1954 .1	9 to_A	-Dri 24	1966	that (i) 4	wel-last
		saw the dec	ceased alive on	April	24 1966, and that	t death occurred at		the causes an	d on the d	ate state	d above.
		22a. SIGNATUI	RE 1	10:	L		uro		22b. DATE	SICNEO	
		Be	nnel 4	, Vor	e.h. M.	D. PHYS.	MEO. DIRECTOR	STAFF PHYS.	April.	25,191	66
		22c. PHYSICIA NAME (T)	(Pe) Bennet	A. F	orter, Jr., M.D	22d. ADDRESS 930 (C	olesville	Rd., S	ilvers	pring	Md.
	23a	BURIAL, CREM		THEREOF	23c. NAME OF CEMETER	OR CREMATORY	23d. LOCA	ATION (City, town	or county)	(8	tate)
		Burial	2 May	1966	San Gabriel (emetery	San G		Calit.		
	24.	FUNERAL DIRE	Bokome			enue 25 ayune	O'O-BY RECIEF	RAR 25b. REG	ISTRAR'S SI	CNATURE	1 41 4
0	t	Tarner E.	Pumphrey,	Inc. &	Silver Spring,	Md. DATE P	27 19	66 JCU	arles	Judge	L
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MARYLAND STATE DEPARTMENT OF HEALTH

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	San Johnson	'castany	Jakadas 17.	1001 (107)	Trans.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH r filled in by the funeral on popers. Pages 1 and 2 rithin 72 hours after death and . PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY 6 he law requires that the death certificate be executed within 24 hours ofter outside corporate, limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) IS RESIDENCE ON A FARM? within 72 NO IX pou 4. DATE NAME OF completely DECEASED DEATH (Type ar print) COL IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE S. SEX **NEVER MARRIED** Months Days Haurs any WIDOWED DIVORCED Ma. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 13. FATHER'S NAM MOTHER'S MAIDEN NAME KEPPLINGER STELLA WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO AVE 203 (Yes, na, ar unknown) (If yes give war ar dates of service) 105-26 VA. ATLEXANDEIA INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a)/(b), and (c) buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUF TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause os the O FUNERAL DIRECTOR: After this certificate hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) Haur o.m. Not While at wark at wark 101966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from. be retoined M, fram causes and an the date stated above. saw the deceased alive on Marchy 1966, and that death accurred at 9 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d., LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, (County) BREMOVAL (Specify) CEIVIETER EXANDRIA REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 VIASIL. D.C. 20016

MARYLAND STATE DEPARTMENT OF HEALTH

April 1966 James June 1 1894

Items 18-21 Film G377 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05575 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Montgomery MARYLAND petrono de productiva de la funeral may be State Department hours after death. b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) тау Boonsboro, Rt. 2 Olnev d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Mongtomery General Olaszop Marchandx Rt. 2 YES TO NO NAME OF DATE Middle Lest Month Year the DECEASED 19 66 DEATH (Type or print) Lescalleet Louis death. If a Pages 1, vith form 5. SEX 6. COLOR OR RACE 8. OATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED last birthday) Months 8-17-22 Male Whtie Davs Hours 1 WIDOWED ! DIVORCED Give Pa 10a. USUAL OCCUPATION (Give kind of work done | 10b, KINO OF BUSINESS OR 11. BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? after Emmittsburg, Maryland USA Heavy Equipment Opr. Construction along 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME hours Carl I. Lescalleet Maggie Farver EXAMINER: This certificate should be executed within 24 hou are certificate, writing the word "pending" in pencil in Item should be forwarded to the Chief Medical Examiner's Office 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) permit. yes Family & Medical records. Olney 220-16-2015 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) a burial-transit Multiple fractures of skull and chest with exsanguination. Conditions, if any, which gave rise to immediate DUE TO cause (e), stating the used as a to burial, c underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY CERTIFICATION PERFORMEO? 3 should be agent, prior 20a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.) Deceased working operating bulldozer when a MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (State) factory, street, office bldg., etc.) Not While at work Not While CTOR: Page Construction site Norbeck Montg. inquiry X and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy inspection DIRECTOR: Accident X Undefermined manner Natural causes Suicide CHIEF MEDICAL EXAMINER Your 22. DATE SIGNED ASSISTANT_MEDICAL EXAMINER for 10 of Health or DEPUTY MEDICAL EXMINER NAME (Type) BE please ex director. retained Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (CITY, town or county) OATE THEREOF BURIAL, CREMATION, Boonsboro Cemetery Boonsboro, Md. 25a. REC'O BY REGISTRAP'S SY ADDRESS 24. FUNERAL DIRECTOR 1966 VR ALSME (5) John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. 1/65

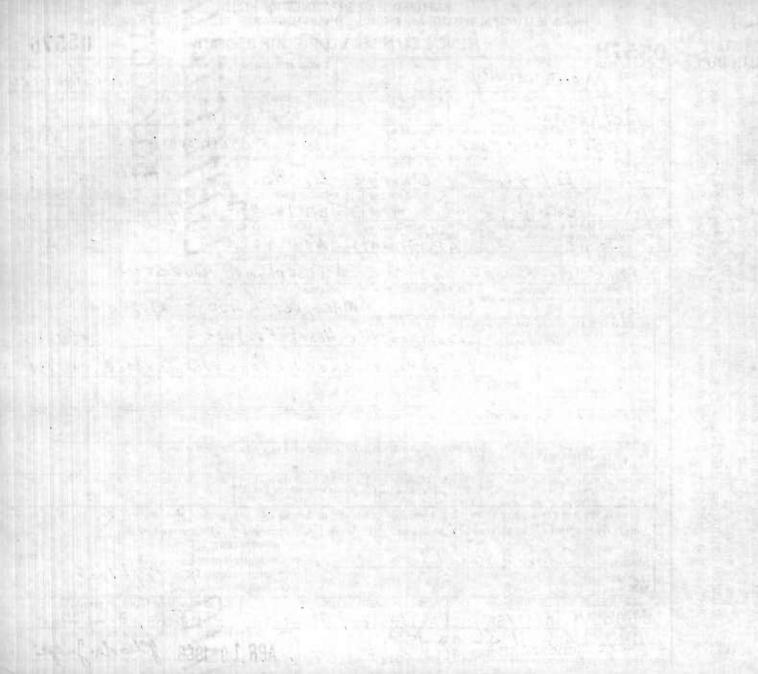
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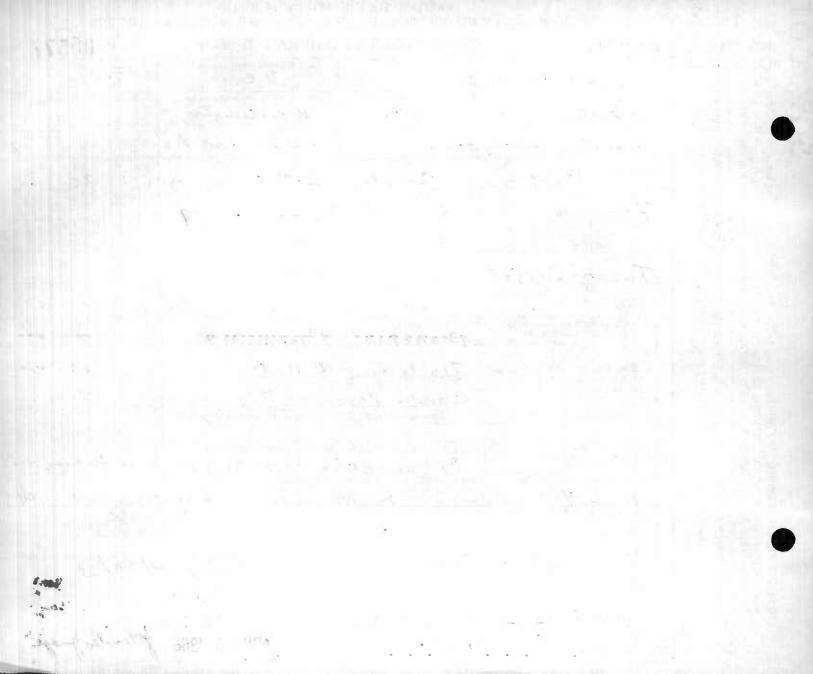
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH in by the funeral rs. Pages 1 and 2 haurs after death executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATA SHINGTON, D. C. Montgomery MARYLAND b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b WASHINGTON 25 days filled in bapers. d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS within 72 U. S. Naval Hospital, Bethesda, Md. 1340 Ellicott Street N. W. NO X 3. NAME OF Middle DATE Day Year campletely DECEASED OF DEATH 17 April 1966 Fernando Levy n (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH 9. AGE (In years NEVER MARRIED last birthday) Manths Hours 12 May 1924 Male Caucasian WIDOWED and in any DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? during most of working life, even it retired)
Brazilian Air Force physician Brazil Brazi 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar remaval, PHYSICIAN: The law requires that the death certi Huberto Johanna Graziella Am Ende Levy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 4340 Moderation Street N.W permit. (Yes, na, ar unknown) (If yes give war ar dates of service) Arlette Grange Levy Washington, D. C. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Post operative bleeding IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO burial Bleeding duodenal uleer Kophageal Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying couse priar to TO FUNERAL DIRECTOR: After this certificate has been (c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) State Dept. of Health NO A a 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year Not While factory, street, office bldg., etc.) While at wark at wark 21. I certify that (I) (this haspital) attended the deceased fram March 24 , 1966, ta April 17, 1966, that (I) (we) las saw the deceased alive an April 17 19 66, and that death accurred at 0630 M, fram causes and an the date stated above 22b. DATE SIGNED 22g. SIGNATURE **ATTENDING** STAFF PHYS. 17 April 1966 M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S S. Naval Hospital Bethesda, Md. NAME (Type) C. M. Herman LCDR MC USN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL CREMATION. REMOVAL (Specify) Sao Joao Batista Cemetery Rio de Janeiro, Brazil 4-20-1966 2Sb. REGISTRAR'S SIGNATURE Wiscommen Avenue 2Sq. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Marley Judge Joseph Gawler & Sons Washington, D. C. 1966

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 85576 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Wantgomery o. STATE b. COUNTY 3 ta Page Montgonzel 0 death. MARYLAND delay Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and PM3. and give negrest tawn) after thesdae5012 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Tarm hours 0505 Montrose. AVE. Montrose-AVE ate Item 18. Give Pages NO A after death. NAME OF 4. DATE Month Year DECEASED 2059 1966 (Type or print) DEATH S. SEX 7. MARRIED AGE (In years 1 YEAR IF UNDER 24 HRS NEVER MARRIED last bigthday) Manths Hours Jan. 16,192 WIDOWFD 24 haurs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? = ORK ONV Janitor. Examiner's pages in any 13. FATHER'S NAME be executed within pencil 14. MOTHER'S MAIDEN NAME OVERTON INDO Josephine pup 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. ward "pending" is the Chief Medical permit. (Yes, no, or unknown) (If yes give war or dates of service remaval 2102 - Md. Ave NE. MARGARET LINDO -25 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN - Congestive Heart Failure burial-transit PART I. DEATH WAS CAUSED BY D IMMEDIATE CAUSE (a) shauld writing the ward matian, DUE TO Hypertensive Cardio Vascular Disease. years Conditions, if any, which gave rise to immediate cause (a). DUE TO certificate 0 Cre stating the underlying couse ds used as burial, PART IF, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? the certificate, NO be 2 20g. EXTERNAL CAUSE WAS agent, priar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 3 shauld PRIMARY CONTRIBUTING shauld EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page Not While 19 at work please execute designated 21. I certify that I took charge of the remains described above, held an Autapsy Inspection X. Inquiry 1 ond in my opinion director. death resulted from: Natural couses Suicide Accident | Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funeral DEPUTY 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may ro FUNE Health NAME (Type) Address (Street, city, town, ar county) the 230. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) /19/66 Arlington, Virginia Arlington, Virginia 24. FUNERAL DIRECTO 2Sb. REGISTRAR'S SIGNATURE Stewart VR A15ME (5) Muneral Home Benning 6M 1/66 4001 Road



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DESI PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Montgomery o. STATE b. COUNTY 3 to Page of death. MARYLAND Department b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) and after d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENC hours alang with farm ON A FARM? Give Pages YES | 3. NAME OF Middle 4. DATE Year DECEASED 20 19 6 6 (Type or print) DEATH AGE (In years IF UNDER IF UNDER 24 HRS **NEVER MARRIED** last birthday) Manths Days Haurs WIDDWED 10a. USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign count 12. CITIZEN OF WHAT **INDUSTRY** COUNTRY S. A Virginia NONE = Examiner's 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME certificate shauld be executed within E. Weirich 17. INFORMANT 16. SOCIAL SECURITY NO. farwarded to the Chief Medical William Irvin-5516-39THSt. N.W. removal NONE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY Bronehial - | neumoniaburial, crematian, ar IMMEDIATE CAUSE (a) ward DUE TO Fracture- of-Rt High. Conditions, if any, which gove rise to immediate couse (o). DUF TO 0 stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTD PSY PERFORMED? please execute the certificate. agent, priar to 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II af item 18.) 3 shauld PRIMARY FLOT CONTRIBUTING CAUSE OF DEATH. 1-211-out of chair = at-hursing Home frection AL EXAMINER: 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice bldg., etc.) Nat While FUNERAL DIRECTOR: Page Montat work NOISING HOME its designated 21. I certify that I toak charge af the remains described above, held an Autapsy Inspection 📉 and in my opinion Accident Suicide the funeral director. deoth resulted from: Noturol couses Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER 0 **EXAMINER'S** Health (NAME (Type) Address (Street, city, tawn, or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) 50 REMOVAL (Specify)
Burial Cedar Hill Cemetery 4-23-1966 Suitland Joseph Gawl 5130 Wisc. ADDRESS er's ons Ave N.W. Wash D.C. VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05578 05580PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death puo ompletely filled in by the funeral ve corbon papers. Pages 1 and event, within 72 hours ofter deal 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY Montgomery o. COUNTY a. STATE Montgomery MARYLAND Maryland c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparote limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 47 days Chevy Chase Bethesda e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 4700 Davidson Drive NO K U. S. Naval Hospital YES 3. NAME OF Middle 4. DATE Year Lost Manth Doy DECEASED LIVDAHL Martha Gore April 19 66 12 (Type or print) DEATH IF UNDER 24 HRS 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED d comp last birthday) August 24, 1905 Female Cauc WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign country) 12. CITIZEN OF WHAT during most af working life, even if retired)
HOUSEWITE **INDUSTRY** COUNTRY? Raleigh, North Carolina USA Own Home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physic en p cremotion, or removal William Arthur Gore Laura Elizabeth Whitfield Chase, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknown) (If yes give war or dates af service) 217-18-928 Orlin L. Livdahl, 4700 Davidson Dr., Chevy/ None 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Ovarian Carcinoma with widespread metastases IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. DUE TO Canditians, if ony, which gave rise to immediate cause (a), DUE TO stoting the underlying couse as the prior to this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION be detached for use State Dept. of Health YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Nat While foctory, street, office bldg., etc.) at work ot work **DIRECTOR:** After 19 00 ta April 12, 19 00, that the (we) las 21. I certify that (*) (this haspital) attended the deceased fram____FED. 24 be filed with the saw the deceased alive an April 12 19 66, and that death accurred at 830PM, from causes and an the date stated above 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. MED. DIRECTOR MApr. 14, 1966 M.D. 22d. ADDRESS 22c. PHYSICIAN FUNERAL D NAME (Type) Winker M. D. U. S. Naval Hospital, Bethesda, Maryland director, g 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Stote) REMOVAL (Specify) 1996ington National Cemetery Arlington, Virginia 9 24. FUNERAL DIRECTOR Green Funeral Home, Berndon, Virginia Marles VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ond 2 executed within 24 hours after death. funerol 1 ond PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) COUNTY b. COUNTY vithin 72 hours after Samery MARYLAND Poges b. CITY OR TOWN (If outside correctore limits, write, RURAL and give neares town) c. LENGTH OF STAY IN 1b c. CITY OR XXWN (If outside corporate limits, write RURAL and give nearest tow in by d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS filled 5500 Westbard In corbon NAME OF Middle DATE Dov Year DECEASED Huber event, (Type or print) DEATH 9. AGE (In years 6. COLOR OR 7. MARRIED IF LINDER YEAR IF UNDER 24 HRS. NEVER MARRIED lost birthdoy) Months Degs Hours ond in ony WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during post of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRJAPLAGE (County & Stote, or foreign country) 12. CITIZEN OF WHAF COUNTRY/? Home retired. physi 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAM burial, cremation, or removal, PHYSICIAN: The law requires that the death certifi George P. Huber Lina P. Robbins 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes no runknown) (If yes give wor or dotes of service) permit. 578-05-6170 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) þ **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospitol or ottending physicion. DUE TO signed ! Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse prior ta hos been os the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOR PERFORMED? director, page 3 should be detoched for use should be filed with the Stote Dept. of Health NO X After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Yeor 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram MAR ZY ed the deceased fram MAR ZR , 1966, ta APR , 10, 1966, that (1) (we) last 10 1966, and that death accurred at 629M, fram causes and an the date stated above. FUNERAL DIRECTOR: saw the deceased alive_on. APR 220 SIGNATURE 22b. DATE SIGNED M M.D. PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) WISCONSIN 230. BURIAL, CREMATION, REMOVAL (Specify) Burlal 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Rockville, Maryland Parklawn Cemetery 4/13/66 24. FUNERAL DIRECTOR Bethesda, Md. Pumphrey VR A15 (4) 20 M 1/66 Robert

Doraland. 18 days Bethesdas 5300 Westfood Ave Subseless Hespital agril 10 Line Rowle white 8/24/1890 75 Kehred Salar Salar Salar

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be. Page 4 may be retained by the hospital or attending physician.

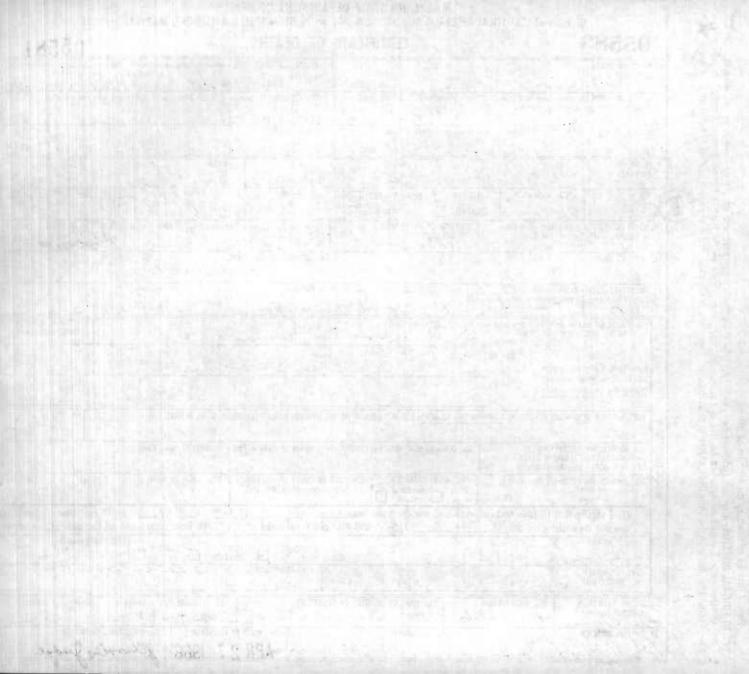
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Holy Cross Hospital of Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Holy Cross Hospital of Silver Spring d. NAME OF OR OR RACE OF DEATH (If not in hospital, give street address) Holy Cross Hospital of Silver Spring d. NAME OF OR OR RACE OF DEATH (If not in hospital, give street address) Holy Cross Hospital of Silver Spring d. NAME OF OR OR RACE OF DEATH (If not in hospital, give street address) Holy Cross Hospital of Silver Spring d. NAME OF OR OR RACE OF DEATH (If not in hospital), give street address) In Hold Death Of Silver Spring d. STATE MAN IN Hold Death Middle Last Lussier 10.413 Tend 10.413	e. IS RESIDENCE ON A FARM? YES NO 4. DATE Month Day Year OF April 13 19 9. AGE (In years IFUNDER1YEAR IF UNDER24HRS. last birthday) Months Days Hours Min. 72 yrs. ounty & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.
b. CITY OR TOWN (if outside corporate limits, silver Spring	outside corporate limits, write RURAL and give nearest town) Cpring e. IS RESIDENCE ON A FARM? YES NO 4. DATE Month Day Year OF April 13 19 9. AGE (in years IFUNDER1 YEAR IF UNDER 24 HRS. last birthday) 72 yrs. ounty & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.
Holy Cross Hospital of Silver Spring 10413 Tend	ON A FARM? YES NO 4. DATE OF April Day Year OEATH April 15 19 9. AGE (In years IFUNDER1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. 72 yrs. ounty & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.
OECEASED (Type or print) Normidas A. Lussier	9. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min. Ounty & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR	last birthday) Months Days Hours Min. 72 yrs. Months Days Hours Min. ounty & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.
during most of working life, even if retired) Loom fixer Textile mill 13. FATHER'S NAME Helen T. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyes give war or dates of service) Yes World War I 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF OEATH OR CONTRIBUTING TO DEATH OR CONTRIBUTING TO DEATH OR CONTRIBUTIONS OF OEATH OR CONT	COUNTRY? U.S.
Helen T:	DEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) Yes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH HOUR a.m. P.m. 19 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of factory, street, office bidg., at work at work at work at work at work and that death occurred at saw the deceased alive on Apr. 13, 1966, and that death occurred at	
(Yes, no, or unkown) (If yes give war or dates of service) O16 O9-886 Mr. Philip Mc	nompson
PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of factory, street, office bidg., at work and that death occurred at saw the deceased alive on Apr. 13, 1966, and that death occurred at	Address 10413 Tenbrock Dr. Bride Silver Spring, nd.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED White Not While at work at work at work at work at work at work and that death occurred at saw the deceased alive on Apr. 13, 1966, and that death occurred at	Rencel Jailers Interval Between onset and Death
Cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING TO COURRED. (Enter nature of CAUSE OF TOWN OR COURRED OR COURRED White Not While at work at w	nephrosclerosis 1.6 yrs, ?
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While at work Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on Apr. 13, 1966, and that death occurred at	15 yrs. ?
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While at work Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on Apr. 13, 1966, and that death occurred at	DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
21. I certify that (I) (this hospital) attended the deceased from Apr. 5, saw the deceased alive on Apr. 13, 1966, and that death occurred at	injury in Part I or Part II of Item 18.)
21. I certify that (I) (this hospital) attended the deceased from Apr. 5, saw the deceased alive on Apr. 13, 1966, and that death occurred at	arm, 20f. (City or town) (County) (State)
	9 66, to Afr. 13, 19 66, that (I) (we) last M, from the causes and on the date stated above.
22a. SIGNATURE ATTENDING ATTENDING ATTENDING ATTENDING ATTENDING ATTENDING	MED. STAFF 22b. DATE SIGNED 24/13/66
1 220. PHYSICIAN'S PHILIP H. VARNER 10620	la au, Wheaton, Fild,
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Guil 18, 1966 arlington National	
farthur Walters washington w. 20012 PAPER	23d. LOCATION (City, town or county) (State) COUNTY VIGURE C'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE

VR A15 (4)

MARCH CONTRACTOR OF THE PARTY O

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05583 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 haurs after death. filled in by the funeral papers. Poges 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND within 72 haurs after c. LENGTH OF STAY IN 1b (If autside corporate limits. c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X NAME OF Middle Lost 4 DATE Manth Day Year ond completely DECEASED OF DEATH (Type or print) 19 66 event, SFX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In yeors IF UNDER 24 HRS remove lost birthdoy) Months Doys Hours in any WIDOWED A DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) INDUSTRY COOD during mast of working life, even if retired) COUNTRY? physician and 055119 455 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removol, UNKNOW WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na of unknown) (If yes give wor ar dates of service 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) þ DUF TO Canditions, if any, which gave rise to immediate couse (a). DUF TO stating the underlying cause O HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending prior to os the lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? DIRECTOR: After this certificate hos use with the State Dept. of Health NO DO Po 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) foctory, street, affice bldg., etc.) Not While at wark 21. I certify that (1) (this haspital) attended the deceased fram Canal 19 66 that (1) (we) last saw the deceased alive an 4-24-5 19 66, and that death accurred at 12+1M, from causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) 230_BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 26-66 OHEV JHOLOM C'EM IDASHINGTON 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

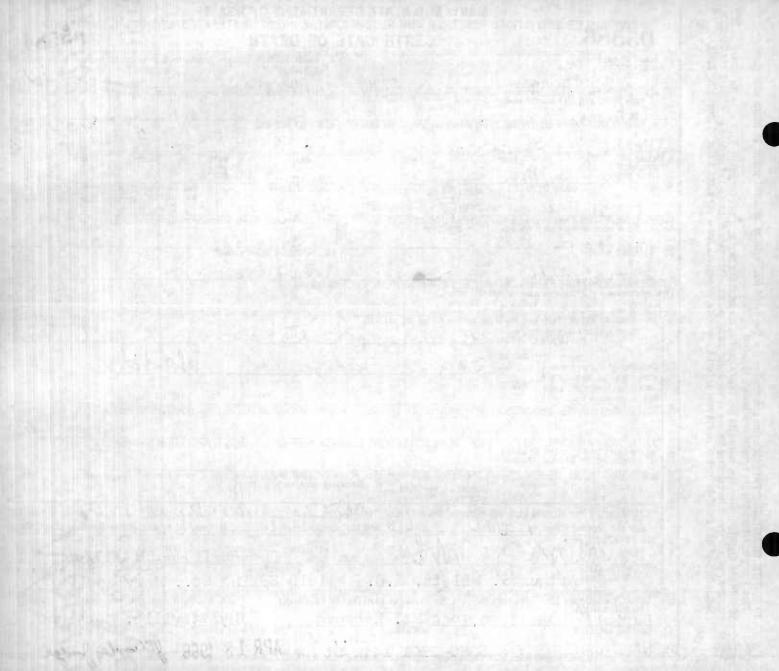


1/1	GA	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STA	ATE	05584 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05582
HEALTH D	EPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. COUNTY 3. STATE b. COUNTY
t garg	4	Montgomery MARYLAND Montgomery
Page 5 may b	after death.	write RURAL and glys nearest town)
S m 5	ter	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 6. IS RESIDENCE
ge to	E 99	ON A FARM?
	를 '	3. NAME DF First Middle Last 4. DATE Month Day Year
2, and PM3.	P. P.	DECEASED OF DEATH 10 66
41.0		5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNOER 1 YEAR IF UNDER 24 HR
Pages 1, th form		Male Cauc WIDOWED DIVORCED 9 February 1931 34 yrs. Months Days Hours Min.
rs after death. 18. Give Page along with fo	even	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11b. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
after d Give ng wit	a A	U.S. Air Force as . W.A. A. S. Windfield, Alabama USA
a 1887	in any	13. FATHER'S NAME
ie fice	and	George D. Mann Bessie Wates 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 12811 To Address of Street
n 24 l in s	<u> </u>	(Yes, no, or unkown) (If yes give war or dates of service)
within pencil i niner's	permit. Fremoval,	The state of the s
uted within 24 in pencil in Examiner's 01	1 2	18. CAUSE OF DEATH [Enter only one-cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) R. JP + Ure - of Aortic-Aneurysm. IMMEDIATE CAUSE (a)
executed ding" in lical Exam	cremation, or	9010
	cremation,	Conditions, If any, which to T. r. 2017 a - from - follows
d bl	Cre	gave rise to immediate cause (a), stating the DUE TO
shoul ford Chief	ial,	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
This certificate should be exect, writing the word "pending" rwarded to the Chief Medical	to burial,	PERFORMED?
to t	7	YES NO
ded ded	prior	20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING D CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) Painting Side of house of fellost-ladder-
This war	agent, p	
2 tat 2	200	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour, a.m. 4/9 1966 at work at wor
EXAMINER: certificate tould be fo les.	ate 15	21. I certify that I took charge of the remains described above, held an Autopsy XI, Inspection XI, Inquiry XI, and In my opinio
the cert 4 should or files.	or its designated	death resulted from: Natural causes , Accident X, Suicide , Homicide , Undetermined manner
rite the ge 4 sho your fill	s de	CHIEF MEDICAL EXAMINER
MED recute Page for you	or it	ACTUAL SIGNATURE John 5- Ball M.D. ASSISTANT MEDICAL EXAMINER 4/10/66
> × + =	差しつ	EXAMINER'S - 1044/ (RQ//
O DEPUTY please ex director. retained f	f Health or	
o direction	50	REMOVAL (Specify)
		Burial 4-13-66 Winfield Cemetery Winfield Alabama 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AISME	E (5) 1/65	W.W. Chambers G. Inc. 517-11 ft. AE DAPR 19 1966 Climbs Judge

the market instance of the Sentence of the Sen nilla de la companya The state of the s provide the party of the party ASSET LE ASSET LE ASSET LE LA SET LE



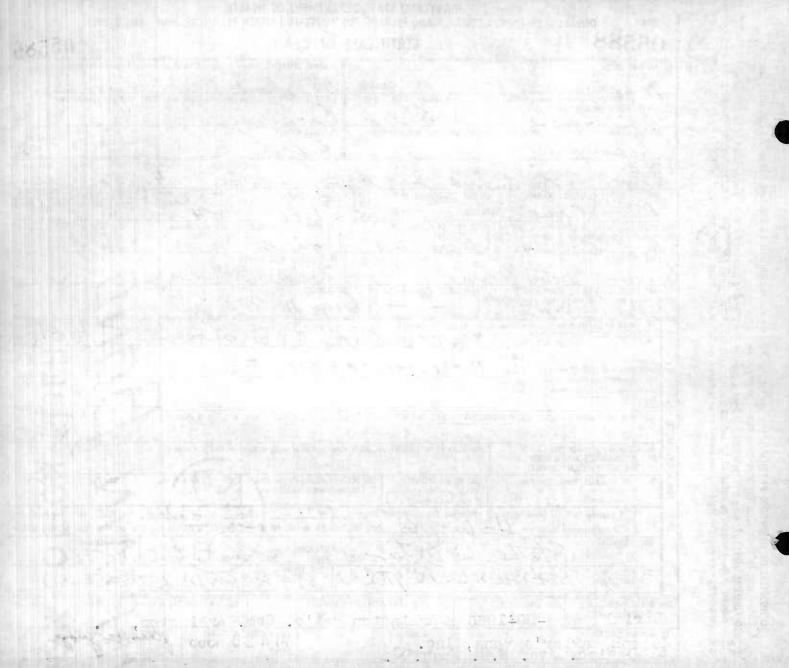
11 (3)	MARYLAND STATE DEPARTMENT OF HEALTH			
W (M)	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH			
death and death	1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission)			
er d	a. COUNTY b. COUNTY b. COUNTY			
hours after death. d in by the funeral rs. Pages 1 and 2 thours after deafth.	b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
ours in b hours	Takomo Park md /6-2			
4 hours.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?			
in 2 jy fill thin 2	Washington Sanitarium + Hospital 8224 14 ave HPT 101 YES NO 1			
rted within 24 h completely filled ve carbon papers event, within 72	3. NAME OF First Middle Last 4. DATE Month Day Year OF OF DEATH 45 17 1964			
ed omp	5. SEX 6. COLOR OR RACE 7. MARDIED NEVER MARDIED 18. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.			
execute	WIDOWED DIVORCED 12-12-97 Last birthday) Months Days Hours Min.			
e ex	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR during most of working life, even if retired) 1Db. KIND OF BUSINESS OR LI. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT CDUNTRY?			
Sician Sician and in	House wife Canada amer			
ficate physien ple pval, a	13. FATHER'S NAME			
certifica Iding ph Then remova	Samuel Ruby Pearl Labitsky 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address			
eath certific attending p ermit. Then	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address			
dea the a	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			
n. by t ansit rema	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH ONSET AND DEATH			
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ires phy sig buri buri	Conditions, if any, which gave rise to immediate (b) (b) (b)			
ding ding beer the r to	cause (a), stating the DUE TO			
tten tten has as as	underlying cause last.			
or a ate use	PERFORMED? YES ND N			
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PHY the this deta deta e De	ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work at work			
ING I by Affer be Stat				
END ainec DR: /	21. I certify that (I) (this hospital) attended the deceased from Moral Star 1964, to What (I) (we) last saw the deceased alive on 1964, and that death occurred at M, from the causes and on the date stated above.			
reta 3 sh with	22a. SIGNATURE 22b. DATE SIGNED			
DIR DIR	M.D. ATTENDING MED. STAFF PHYS. 4/17/66.			
PITAL FIRAL PITAL PITAL DE, P	PHYSICIAN'S NAME (Type) Arthur J. Wilets, M.D. 22d. ADDRESS Silver Spring, 1015 Spring St. Maryland			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please temore carbon panels and the State Dept. of Health prior to burial, cremation, or removal, and in any event, within	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)			
5 To ip is	REMOVAL (Specify) Burial April 20.1966 Mt. Lebanon Hyattsville, Maryland			
0	24. FUNERAL DIRECTOR ADDRESS Wash DC 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			
VR A15 (4) 15M 4-64	BERNARD DANZANSKY & SONS 3501 14th St NW DARR 18 1966 Charles Judge.			



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05585 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY delay is ond 3 to af death. MARYLAND Department c. LENGTH DF STAY IN 1b b. CITY DR TDWN (If outside corporate limits c. CITY DR TDWN (If autside corporate limits, write RURAL and give nearest tawn) after d. NAME DF HOSPITAL DR MSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS Office along with farm haurs Give Pages ate with the Stowithin 72 h 3 NAME OF 4. DATE First Month Lost Doy Year DECEASED DEATH 19 (Type or print) S. SEX 6. COLOR OR, RACE DATE OF BIRTH IF UNDER YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED AGE AGE (In years lost birthdoy) Months Hours tem 18. Doys WIDOWED DIVORCED event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? in any umoring or 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME be executed withi File pup 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY ND 17. INFORMANI Address 'pending" ir ief Medical (permit. (Yes, no or unknown) (If yes give wor or dotes of service remaval, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Б IMMEDIATE CAUSE (a) ward certificate shauld crematian, DUE TO Parclio Voseular. Diseose e 315 Conditions, if ony, which gove e, writing the v farwarded to th rise to immediate couse (a). DUF TO stoting the underlying couse 0 ds burial, last. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO the certificate, YES to pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) prior PRIMARY Or CONTRIBUTING shauld CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page please execute ot work of work designated 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion for Natural causes Suicide [deoth resulted from: Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral DEPUTY MEDICAL EXAMINER b ohn G. Ball, M.D. **EXAMINER'S** ro FunEr Health may NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) BREMOVAL (Specify) (Stote) ARLINGTON, VA. ARLINGTON NATLICEMETERY URIAL REC'D BY REGISTRAR 2Sb. _REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15ME (5) 1966 6M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05588 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death death funerol I ond 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY a. STATE MARYLAND any event, within 72 hours after andyameres by III. Poges c. LENGTH OF STAY IN 1b c. CITY_OR TOWN (If outside carporate limits, write RURAL and give negrest to OR TOWN (1) outside carporate The RURAL and give negrest town) popers. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) STREET ADDRESS filled YES NO 3. NAME OF remove corbon First Middle Last DATE Day Year completely DECEASED OF 19 66 (Type ar print) DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthdoy) Months Dovs DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (Caunty & State, or foreign country) during mast of working life, even if retired) COUNTRY? D.a. "Imploy 13. FATHER'S NAME MOTHER'S MAIDEN NAME burial, cremation, ar removo our 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, na, ar unknawn) (If yes give war ar dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH burial-tronsit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) be retained by the hospital or ottending physicion. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse this certificate has been State Dept. of Health prior to os the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 ar Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) (State) Hour a.m. While Nat While factory, street, affice bldg., etc.) at wark . to 4-1966, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram____ director, page 3 should should be filed with the O FUNERAL DIRECTOR: saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING DIRECTOR PHYS. 22c. PHYSICIAN'S Page 4 moy NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION, (State) (Caunty) -20-1966 Nat o Arlington Cem 24. FUNERAL DIRECTOR RECD BY REGISTRANGE Inc. VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



17	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	, MARYLAND
Maga		05589 CERTIFICATE OF DEATH	05587
	71.	PLACE OF DEATH 9. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution	: Residence before admission)
after		B. COUNTY	Montgomery
		b. CITY OR TOWN (if outside corporate limits, write RUI or STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RUI or RURAL and give nearest town)	AL end give nearest town)
		Bethesda 4 days- No. Chevy Chase	15-1
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
0		Suburban Hospital 3801 Inverness Drive	YES NO T
	3.	NAME OF First Middle M Last 4. DATE Month OF	Day Year
		(Type or print) 2 ANE P. TEALUTI DEATH 4/17	19 66
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IFUNI last birthday)	DER 1 YEAR IF UNDER 24 HRS.
	_	F W WIDOWED DIVORCED 3/17/1891 75 yrs.	
	du	a. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12 12 12 13 14 15 16 17 17 17 17 18 18 18 19 19 19 19 19	COUNTRY?
			U.S.A.
	13	. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	15	James J. Halloran Elizabeth Savage 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	(Y	es, no, or unkown) (Ifyes give war or dates of service)	
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
		IMMEDIATE CAUSE (a) Myocacles Mifactices	12/00
		Conditions, If any, which	/ 77
		gave rise to immediate	4 Hours
		cause (a), stating the DUE TO underlying cause last.	
	No	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY
)	CERTIFICATION		YES NO
	E	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert I or Part II of Item	441
	SE	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	SP		County) (State)
	MEDICAL	Hour a.m. While Not While factory, street, office bldg., etc.)	
	1	21. I certify that (I) (this hospital) attended the deceased from kine, 1953, tolhic/7, 19	that (I) (we) last
		saw the deceased alive on Alfred 17 19 6 and that death occurred at M, from the causes and o	
			DATE SIGNED
		M.D. PHYS. DIRECTOR PHYS.	
		22c. PHYSICIAN'S 22d. ADDRESS	
			nountu) (State)
	23	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or REMOVAL (Specify)	county) (State)
	24	FUNERAL DIRECTOR - 4-4 Co. C. C. C. C. C. DDRESS - WILL 25a. REC'D BY REGISTRA 25b/ REGISTRA	AR'S SIGNATURE
	11	brthar Wallers washington Sc 20012 APR 20 1966 John	
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Montgomery Maryland the f ges 1 after Montgomery MARYLANO b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b þ write RURAL and give nearest town) Pag Rockville. Rockville Ξ filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE ON A FARM? Charen Lane Charen Lane within NO 3d YES law requires that the death certificate be executed within etely pou NAME OF First Middle DATE Last Month Oav Year DECEASED JOHN. Ja McCARTHY April 19 66 comple ve car (Type or print) DEATH 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HR\$ 8. 7. MARRIEO NEVER MARRIED last birthday) Months Hours any and Male WIDOWED T Jan. DIVORCED [66 ease In 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician during most of working life, even If retired) GOV COUNTRY? S. Michigan Retired 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME attending ph ermit. Then remova Murthy McCarthy Anna Harrington 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN the attendit Son 0 (Yes, no, or unkown) (If yes give war or dates of service) Item 2. Same as John cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH signed by urial-transit PART I. OEATH WAS CAUSED BY: PITAL OR ATTENDING PHYSICIAN: The law requires that to a may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a ttending the burial the burial to burial DUF TO Cenditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY for use Health PERFORMED? certificate NO 3 YES DESCRIBE HOW INJURY OCCURRED. Enter nature of Injury In Part I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING 2Da. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached for Dept. of B MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) should be det factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m 19 at work 21. I certify that (I) (this hospital) attended the deceased from director, page 3 should should be filed with the and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED MED. STAFF PHYS. DIRECTOR PHYSICIAN 22c. 22d. ADORESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Arlington, Arlington Natl Cem. 4-19-66 Burial FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Bethesda, Maryland VR A15 (4) 20M 1/65

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FOR ST HEALTH	DEPT	V	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	09591
HEVEIH	DLI I.	1.	PLACE OF DEATH a. COUNTY a. COUNTY D. COUNTY D. COUNTY	ence before admission)
be de	## ·	_/	b, CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and	rae
tuneral may be	dea	1	write RURAL and give nearest fown)	11 1
S C	Department after death.	<u> </u>	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
lay 3 to Page	State Nours a		Washington Sant Hospital 3219 Toledo Place	YES NO X
90	02 G	3.	NAME OF DECEASED OF MINOUS A Last 4. DATE Month I	Day Year
2,2 and	25 E	-	(Type or print) Jegury Lynn McCulchan DEATH 4	7 1966
after death. If a Give Pages 1, and with form		5.	SEX 6. COVOR/OF RACE /. MARRIED NEVER MARRIED 248. DATE OF BIRTH 9. AGE (in years FUNDER 1 YE last birthday) Months Day	
Pag	nt w	10a	DIVORCED //- JT // yrs. USUAL OCCUPATION (Giva kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT
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is after deal 18. Give Pa along with	pages I in any	13.		3/7
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24 0ff	File , and	15. (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address step, no, or unknown) (If yes give war or dates of service)	9 -
thin	permit.		NO NONE MAJ, MORRIS MCCUTCHIN Some of	
This certificate should be executed within 24 hours a e, writing the word "pending" in pencil in Item 18. rwarded to the Chief Medical Examiner's Office alor	ren ren		PART I. DEATH WAS CAUSED BY: Massive intrachdominal hemorrhage due to	NTERVAL BETWEEN ONSET AND DEATH
E E	cremation, or		910 A THIMEDIALE GAUSE (a)	
ndin	al-tr artio		Conditions, If any, which DUE TO laceration of liver and right kidney.	
d be	buri		gava risa to immediate cause (a), stating the DUE TO	
houl	200		underlying cause last. (c)	
his certificate s writing the w varded to the C	used as a to burial,	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
tiffic to t	T to	FIC/	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) PRIMARY Plor CONTRIBUTING Deceased digging a cave into sandy embankment	YES NO
R: This cerate, writin	3 should be agent, prior	CERT	20a. EXTERNAL CAUSE WAS PRIMARY FO or CONTRIBUTING COLLABOR CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 10 or Part 11 of Item 18.) Deceased digging a cave into sandy embankment collapsed and crushed him.	which
This e, w	short,		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)) (State)
INER: The ifficate, be forw	9/ a 3	MEDICAL	9: Hour a.m. 4/7/ 1966 While at work Street Street Hyattsville Pr.	Geo. Md.
certi uld b	designated		21. I certify that L took charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	and in my opinion
EXAM me cert should files.	DIRECTOR: It its design		death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner]
Septe	its d		ACTUAL CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF C	22. DATE SIGNED
xecute Page for you	000		DEPOTY MEDICAL EXAMINER DE	7 19/1
tor.	FUNERAL f Health o		EXAMINER'S DELDEN K. KEAP, M.D., Address (Street, city, town, or county)	1100
O DEPUTY ME please execu director. Pag retained for	D TO	23a	REMOVAL (Specify)	(State)
=	2		SURIAL H-11-66 ARLINGTON NATIONAL ARLINGTON FUNERAL DIRECTOR ADDRESS 25a. PEOPL BY REGISTRARY 25b. APPRISTRANCES	IQNATURE,
VR ALSA			APR 1 2 1966 Accorded	Judge
5M	1/65	W	W. Chambers Co. RIVERDALE, MP. DATE	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05592 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b COUNTY MARYLAND on papers. Pages 1 (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS campletely filled in YES NO I 4. DATE Doy NAME OF Lost Month Year DECEASED (Type ar print) 19 660 DEATH event, 0 IF UNDER 24 HRS. 8. DATE OF BIRTH IF UNDER 1 YEAR ABE (in years S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED remove last birthdoy) Months Doys Hours WIDOWED burial, cremation, ar remaval, and in any and 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10a, USUAL OCCUPATION (Give kind of work dane during most of propring life even if retired) ALABAMA BTIHAN TEDICINE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown). (If yes give war ar dates af service CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH burial-transit I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove rise ta immediate cause (a), DUE TO stoting the underlying couse director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm. 20f. (City or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Hour a.m. Nat While at work , 1965, to Bari sow the deceased alive on_ 22b. DATE SIGNED 22g, SIGNATURE ATTENDING DIRECTOR PHYS. aum.D. 22d, ADDRESS 22c. PHYSICIAN' Laur, Bath NAME (Type) 4501 Oh EV 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23a. BUMAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) CEMETER 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 D.C. 20016

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05595 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death the funeral deat 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STAWashington. D. C.b. COUNTY Montgomery ompletely filled in by the fur ive carban papers. Pages 1 event, within 72 haurs after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY DR TDWN (If outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Washington 51 days Bethesda rural d. NAME OF HDSPITAL DR INSTITUTION (tf not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? U. S. Naval Hospital Bethesda, Md. 753 3rd Street S. W. YES NO X 3. NAME OF remave carban Middle Lost DATE Month Doy Year DECEASED OF DEATH McNamara 19 66 Patrick Vincent April 30 (Type or print) IF UNDER 1 YEAR S. SEX 9. AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdoy) Months Hours Caucasian 10-4-1894 Male WIDOWED DIVORCED 10b, KIND OF BUSINESS DR 11. BIRTHPLACE (County & Stote, or for the septry) 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT e attending physician ar permit. Then blease r during most of working life, even if retired)
Senator/Michigan U.S. Senate U.S. A. North Weymouth, MICKELLAN 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Patrick Vincent McNamara Mary Jane burial, crematian, or remay Lyne 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO 17. INFORMANT 753 3rd Street S. W. (Yes, no, or unknown) (If yes give wor or dotes of service) permit. Mary L. McNamara Washington. D. C. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Carcinoma Prostate disseminated IMMEDIATE CAUSE (o) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician. DUE TO 5-6 years Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO prior ta stoting the underlying couse **DIRECTOR:** After this certificate has been ge 3 shauld be detached far use as the (c) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION State Dept. of Health 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While of work of work 21. I certify that (I) (this hospital) attended the deceased from March 10 saw the deceased alive an 30 April 1966, and that death accurred 19 66 to 30 April 19 66 that (1) (we) last director, page 3 shauld should be filed with the 19 66 and that death accurred at 840 Myram causes and on the date stated obave 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. 1 May 1966 M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL NAME (Type)M. W. Voss CDR MC USN U. S. Naval Hospital . Bethesda. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Spacify) Detroit Mount Olivet Michigan 5-2-1966 2Sb. REGISTRAR'S SIGNATURE 25o, REC'D BY REGISTRAR 5130 Wisconsin Avenue VR A15 (4) 20 M 1/66 Washington, D. C. Joseph Gawler & Sons 1966

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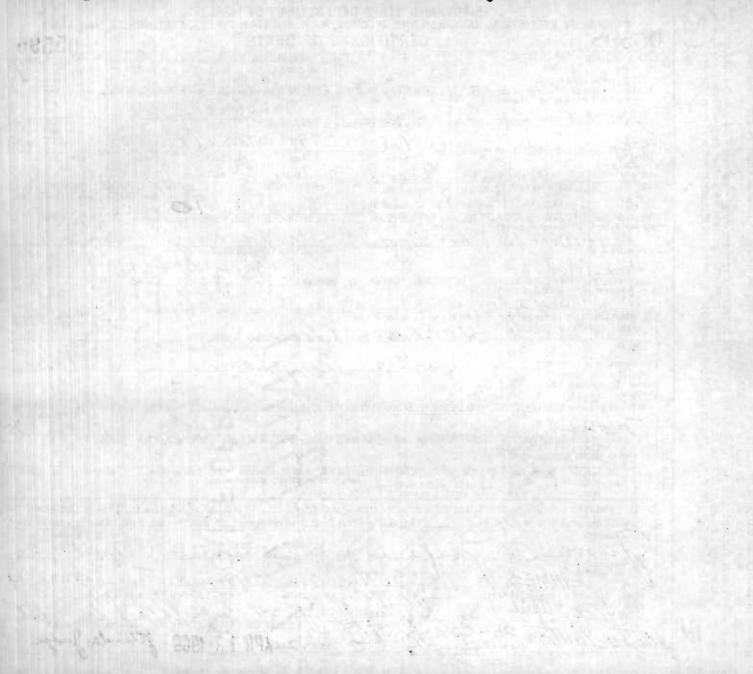
NT OF HEALTH RESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY the d MARYLAND and b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fowp) c. CITY OR TOWN (Inoutside corporate limits, write RURAL and give nearast tow .57 letely filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS of IS RESIDENCE ON A FARM? YES NO NO 3. NAME OF Mildle 4. DATE Month Year DECEASED OF (Type or print) DEATH MC NEII FRANCES 1966 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER TYEAR last birthday) Months Days IF UNDER 24 HRS. DIVORCED USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done-during most of working life, even if retired) 13. FATHIR'S NAME ennesce 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 (Yes, no, or, unkown) | (Ifyes give walfordates of servica) 18. CAUSE OF DEATH Enter only one cause per line for ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CERTIFICATION 5 8 NO X use prior 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. Feater nature of injury in Part I or Part II of item 18. 6 OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While ō at work at work DIRECTOR: 1965 to Charles AS ..., 19 Cothat (1) (we) last (this hospital) attended the deceased from. 26 19 19 Gand that death occurred at Tom the causes and on the date stated above saw the deceased alive on. 22a. SIGNATURE 22b. DATE ATTENDING MED. STAFF TO HC. Page death. Page To FUNERAL I DIRECTOR PHYS. PHYS. M.D. with th 22c. PHYSICIAN'S 22d. ADDRESS WAME (Type) JOHN R. SPENCER TO FUNE director, I 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county REMOVAL (Specify) Parklawn Cemetery Rockville. 966 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Sons, VR A15 (4) 20M 5-63 (

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05597 within 24 haurs after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O. COUNTY MONTGOMERY MARYLAND MONIGOMERY b. CITY OR TOWN (If outside corporate limits, write, RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) SILVER SPRING ETHESDA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 2700 MARKE YES NO DO 3. NAME OF DECEASED 4. DATE Lost Month Doy Year (Type or print) ORENCE DEATH IF UNDER 1 YEAR S. SEX 9. AGE (In feors IF UNDER 24 HRS. B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost pirthdoy) Hours Dovs any DIVORCED 12-26 WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) The law requires that the death certificate be during most of working life, even if retired) **INDUSTRY** COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN RANCIS HARRIET 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) I(If yes give wor or dates of service) 126-09-1415 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove ? rise to immediate couse (o), DUE TO stoting the underlying couse has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION NO X O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING ☐ (/ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) Hour o.m. factory, street, office bldg., etc.) Not While ot work L 21. I certify that (1) (his hospital) attended the deceased from through 2 719 66 to a food 2 19 6 (that (1) (we) last saw the deceased alive an attail 19 66 and that death accurred at 22 M, from causes and an the date stated above. 22g. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR 22d ADDRESS Building, Rockville, 22c. PHYSICIAN'S G. Bowditch Hunter. Ur. NAME (Type) directar, shauld b 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BEMOXAL (Specify) 4/23/66 Alexandria, Virginia Ivy Hill 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1331 Rockville DDRIKe VR A15 (4) 20 M 1/66 Tyson Wheeler ockville, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 05598CERTIFICATE OF DEATH 24 hours after death. and 1. PLACE OF DEATH
a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY by the f Pages 1 irs after Montgomery mant-goinet MARYLAND laryland b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) etely filled in by the bound of akoma boma ar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS IS RESIDENCE ON A FARM? 900 Wildwoo ND X YES death certificate be executed within letely rbon NAME OF First Middle 4. DATE Month Day Year OECEASEO (Type or print) Medvee **OEATH** 196 ona 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months Davs Hours WIDOWED DIVORCED attending physician a ermit. Then please ye on, or removal, and in 10a. USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Gan 13. FATHER'S NAME MOTHER'S MAIDEN NAME Hex.1 lar ledve 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ned by the attend Il-transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Avind unknown Reenv 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) been Startes the burial-tra signed **OUE TO** Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. 38 (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health p his certificate trached for use Dept. of Health PERFORMED? NO PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURREO | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) det factory, street, office bldg., etc.) Hour a.m. While Not While After d be d 19 p.m. at work at work retained 21. I certify that (I) (this hospital) attended the deceased from. 1965 to 19 66, that (1) (we) last 3 shoul with the M, from the causes and on the date stated above. , and that death occurred at 4 23 saw the deceased alive on A 22a. S)GNATURE 22b. DATE SIGNED page ATTENDING PHYS. MED. DIRECTOR M.D. O HOSPITAL PHYSICIAN'S FUNERAL ADDRESS 22d. director, p should be 1 NAME (Type) PP.C LOCATION (City, town or/dounty) BURIAL, CREMATION, DATE THEREOF 23c.//NAME OF CEMETERY OR CREMATORY (State) 23a. 23b. REMOVAL (Specify) FUNERAL DIRECTOR 25a REC'D BY REGISTRAR 25b. REGISTRAR'S VR A15 (4) 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05599 05507 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) COUNTY o. STATE h COUNTY MARYLAND omers hours after CITY OR JOWN (If autside carparate limits, write RURAL and give neares) rawn) CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION At not in haspital, give street address) d STREET ADDRESS hin 72 h YES NO K NAME OF W DATE First Middle Last Month Doy Year DECEASED OF DEATH (Type or print) 6. COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) Manths Hours 3-16-16 Days WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 1/BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes fla, or unknown) (If yes give war ar dates af service 1B. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ARDIOVASCULAR IMMEDIATE CAUSE (o) signed by Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying cause has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use O FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Hour a.m. While factory, street, affice bldg., etc.) Not While p.m at work L , 1966, ta APRIL 19, 1966, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram APRIL 18 8 19 66, and that death accurred at 120 H M, from causes and on the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22 PHYSICIAN'S NAME (Type) directar, shauld 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) Burial (Specify) Arlington, Virginia 4/22/66 Arlington National Rockvious Pike kville, Maryland 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Tyson Wheeler

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in apprevent, within 72 hours after degitary.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE DF DEATH		
a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: R	esidence before admission)
MANTGONERY	a. STATE b. COUNTY	. /
1 01911 01 - 01111	MARYCAND MONTG	OMERY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
ROCKVILLE	SILVER SPRING	
		15-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
POTOMAC VALLEY NURSING HOME	2028 LANIER DRIVE	ON A FARM? YES NO.
3. NAME OF First Middle	, Last 4. DATE Month	Day Year
DECEASED (Type or print) INEZ BATES	11LLER DEATH 4-	9 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	OATE OF BIRTH 9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS.
	3-30-85 last birthday Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY ARMY NAVY	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT
SECRETARY- IREASURIR + AIR FORE REGISTER		U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.5.11.
0	14. MOTHER'S MAIDEN NAME	
CHARLES TREDERICK MILLER	EVELYN BATES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, pr unkown) (If yes give war or dates of service)	INFORMANT Address	ME AS
140 - 578-01-3670 Mas		
110 04405 05 85474 554	MUHRION IMEQUATIC # 2	ABOVE
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: (erebre throms	boon'	ONSET AND DEATH
IMMEDIATE CAUSE (a)	A 0	11
LGOX DUE TO C. TO. B.	generelijel.	10
Conditions, If any, which (b) available Conditions	- Silverenjer	glace
gave rise to immediate (1:1	4
cause (a), stating the DUE TO	tu.	18 year
underlying cause last. (c)		10 geon
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
TA		PERFORMED?
		YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PROPERTY OF		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC Hour a.m. While Not While at work at work	E OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
Hour a.m. While Not While factory	y, street, office bldg., etc.)	iity) (State)
P.m. 19 While Not While at work		
21. I certify that (I) (this hospital) attended the deceased from	death occurred at $\frac{4!30}{\text{M}}$, to $\frac{4-9}{\text{M}}$, 1966 M, from the causes and on the	, that (I) (we) last
saw the deceased alive on, 4-9 1966, and that	death occurred at 4:20 M. from the causes and on the	e date stated above.
22a. SIGNATURE / / / / / /		ATE SIGNED
1 1 tammel Mil	ATTENDING - MED STAFF	-9-66
M.D.	PHYS. DIRECTOR PHYS. 4	-7-00
22c. PHYSICIAN'S NAME (Type) 1 J HAMMOND MILH	22d. ADDRESS	1/ 1
NAME (Type) / 2, HAMMOND MIJH	3 800 VENIFER ST. N	, w
OCCUPIENT ORGANICAL CONTRACTOR OF STATE STATE OF		
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
BURIAL 4-13-66 CEDAR HILL	CEMETER! SUITLAND, 1	MARYLAND
24. FUNERAL DIRECTOR ADDRESS	1 25a. REC'D BY RECISTRAR 25b. REGISTRAR'S	
- 1 0 1 1 6/30 W/SP	ANENN APR 19 1966 PCliant	0. 1.1.2
JOSEPH GAWLER'S SONS, INC. WASH. D.C.	DATE 1 1 2 1966	Judge

VR AIS (4) 20M 1/65 APA I S 1966 TO THE THE PARTY OF THE PARTY O

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY after Montgomerv the MARYI AND West Virginia b. CITY DR TDWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c, CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) Pag write RURAL and give nearest town) hours filled in I Bethesda 15 Days
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Petersburg bon papers. within 72 h e. IS RESIDENCE ON A FARM? Route #1. The Clinical Center, Bethesda, Maryland Box 38B YES K NOT completely ve carbon p NAME OF First Middle OATE Month Year DECEASED event, (Type or print) Mongold DEATH 19 66 April Trisa Lvnn executed 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | Isst birthday) | Months | Days | Hours | Min. NEVER MARRIED Days WIOOWEO I DIVORCEO T Female January 1966 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR UNDUSTRY
INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT physician certificate be COUNTRY? None West Virginia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Carol Sites James Mongold 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Records been signed by the atten the burial-transit permit. or to burial, cremation, or death (Yes, no, or unkown) (If yes give war or dates of service) The Clinical Center, Bethesda, Maryland None INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)_ OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. Tracheal mucous plug 15 minutes DUE TD since birth Conditions, if any, which (b) Weak respiration and cough gave rise to immediate OUE TO cause (a), stating the Infantile spinal muscular atrophy since birth underlying cause last. 10 FUNRAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior CERTIFICATION 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES X NO T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d, INJURY OCCURRED 120e, PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that Of (this hospital) attended the deceased from 19 March 19 66, to 3 Appil 66 that 10 (we) last . 19_ 19 66, and that death occurred at 9:20 M, from the causes and on the date stated above. saw the deceased alive pn Amil 22a. SIGNATURE 22b. DATE SIGNED 4 April 1966 ATTENOING PHYS. STAFF PHYS. M.D. DIRECTOR Page 4 may 22c. PHYSICIAN'S Clinical Center, National 22d. AOORESS The NAME (Type) Jon D. Dorman, M.D. Institutes of Health, Bethesda, Maryland BURIAL, CREMATION. 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) North Mill Creek Cem. Apr 6. 1966 Dorcas W. Va. Burial PUNERAL DIRECTOR AOORESS 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Fairfax, Va. 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 death. death. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE DE DEATH b. COUNTY a. STATE Pages 0 hours after by the MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town b. CITY OR TOWN (if outside corporate limits. LENGTH OF STAY IN 1b write RURAL and give nearest town) = e. IS RESIDENCE d. STREET ADDRESS filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? 24 YES NO = ete v certificate be executed within DATE Mon NAME DE Last 4. **First** Middle DECEASED DEATH 19 (Type or print) AGE (IA years | IF UNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. and cor last birthday) | Months | Days 3 18 DIVORCED WIDOWED 12. CITIZEN OF WHAT lease re 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 1Da. USUAL OCCUPATION (Give kind of work done physician COUNTRY? during most of working life, even if retired) HNDUSTRY ah FATHER'S NAME 10 nsunance MOMER'S MAIDEN NAME 급 removal. attending permit. Then amue 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. been signed by the atten the burial-transit permit. In to burial, cremation, or (Yes, no, or unkown) | (If yes give war or dates of service) INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for and (c). PHYSICIAN: The law requires that the PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to Immediate DUE TO stating prior underlying cause last. has 98 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAXED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY use PERFORMED? for use Health certificate CERTIFICATI NO D YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING tached for OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 2De. PLACE OF INJURY (Home, farm, (County) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2Df. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While While After at work OR ATTENDING retained by at work 19 p.m D that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from with the DIRECTOR: 1966, and that death occurred a M. from the causes and on the date stated above. saw the deceased alive on 22b. 22a. SICNATURE pe ATTENDING MED. DIRECTOR page M.D. PHYS. may HOSPITAL ADDRESS 22d. TO FUNERAL PHYSICIAN'S director, pa 22c. NAME (Type) (State) LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY 23d. BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) 9 Suitland MdCedar 966 Cremation 4-Joseph Gawler PR 2 5 1966 ADDRESS 25b. Sons Inc. S VR A15 (4) SC Ave 20M 1/65

A STATE OF BUILDING STATE OF THE STATE OF TH Samuel Marting Server Wasting THOSE DONE - SHOW Y SAME THAT I'VE Court of the Constitution The State of a Control of the Contro of security the common a long equil LANGE TO A STATE OF STATE THE PLANT OF STATE OF EDWARD AVENJAS 4830 V. T. V. M. W. W. M. The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05603 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY P.M3. Page b. COUNTY Montgomer 0 of Montgonje death. MARYLAND delay ond 3 t partment b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn after 4315. Koma-1 INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? form De hours Give Pages 1, 39 Mople. State YES NO Y after death. along with 3. NAME OF Middle DATE Month Day Year DECEASED 7 within (Type or print) rreane 1966 DEATH with S. SEX IF UNDER 24 HRS. 7. MARRIED 9. AGE (In years lost birthdoy) Manths Doys in Item 18. Haurs hours WIDOWED DIVORCED Office. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS 11. BIRIHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? 11.5. **Examiner's** agod in 13. FATHER'S NAME pencil be executed within MOTHER'S MAIDEN NAME John reene. da. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INEORMANT forwarded to the Chief Medical permit. (Yes, no, or whknawn) (If yes give war ar dates of service or removal, 6100 Edgewood Dev. al pending 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: buriol-tronsit SONSET AND DEATH IMMEDIATE CAUSE (a) certificate should writing the word cremation, DUE TO Cardio Vesculer Disease -Conditions, if any, which gave Years (b) rise ta immediate couse (a). DUE TO stoting the underlying couse 0 SD buriol, used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? This please execute the certificate, NO 0 YES pe 20o. EXTERNAL CAUSE WAS 3 should b 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) agent, prior PRIMARY I or CONTRIBUTING I 4 should AL EXAMINER: CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. Nat While foctory, street, affice bldg., etc.) FUNERAL DIRECTOR: Poge ot work designated 21. I certify that I taak charge of the remains described above, held an Autopsy or Inspection X Inquiry X and in my apinian funerol director. death resulted fram: Natural causes X Accident Suicide Homicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** may NAME (Type) Address (Street, city, town, ar county) the DATE THEREOF BURIAL, CREMATION, 23d. LOCATION (City or Tawn) (County) (State) 0 FUNERAL DIRECTOR REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

VR A15ME (5) 6M 1/66 Fullica

April 2 1868 Product Broken

MARYLAND STATE DEPARTMENT OF HEALTH

BethesdaporeMd. VR A15 (4) 15M 4-64

REC'O BY REGISTRAR

e. IS RESIDENCE

YES

Oay

12. CITIZEN OF WHAT

COUNTRY?

DN A FARM?

Year

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

ND X

(State)

YES

(County)

22b. DATE SIGNED

4-21-66

Rockville

Maryland

(State)

19 66

NO X

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND MUNTGOMERY MONTGOMERY MARYLANO b. CITY OR TOWN (if outside corporate limits, c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pagi write RURAL and give nearest town) Silver Spring ROOK UILLE: MARKEHNS ⊑ daus d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 13925 MARIANIA DRIVE NO N YES HOSPITAL executed within 3. NAME OF First Middle Last DATE Month Day Year and completel remove earbo DECEASED OF DEATH APRIL (Type or print) 19 66 William DUNGALD NEWBY 8. DATE OF BIRTH 5. SEX 6. CDLDR OR RACE AGE (in years | IF UNDER 1 YEAR IF UNOER 24 HRS 7. MARRIED Y NEVER MARRIED last birthday) Months Oavs Hours MALE WHITE WIOOWEO [DIVORCEO [= 10a. USUAL OCCUPATION (Cive kind of work done 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT physician n please r val, and in death certificate be INDUSTRY upholstrey CDUNTRY? during most of working life, even if retired) TY, NORTH MANIDSON COUN Own Business 0.5 A CAROLINA UPHOLETERY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Um H. Newby Carrie Alma Kennedy 15. WAS OECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY ND. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) areana 03-3582 Kathryn B. None the INTERVAL BETWEEN CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] requires that the ONSET AND DEATH I-transi PART I. DEATH WAS CAUSEO BY:
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	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120)1
FOR STATE	05606 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05604
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XAM ute th ge 4 yaur Page d age	Hour o.m. p.m. 19 While Not While of work foctory, street, office bldg., etc.)	
AL EXA execute or. Page of for you TOR: Page	21. I certify that I taok charge of the remains described above, held an Autopsy , Inspection . Inquiry ,	and in my opinion
can be exected for the canon f	death resulted from: Natural causes Accident , Suicide , Hamicide Undetermined manner	und at thy opinion
se ecto ined ined estig	CHIEF MEDICAL EXAMINER	
ME.C. please e l director retained L DIRECT	SIGNATURE SIGNATURE (Cas M.D. ASSISTANT MEDICAL EXAMINER)	22. DATE SIGNED
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no DEPUTY MES. AL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page Health ar its designated age	NAME (Type) 12 ELDEN R. NEAP, M.D. Address (Street, city, town, or county) Cyprus	4,1766
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VR A15ME (5) 6M 1/66	Goldberg Luneral Home 4217- 9 th st. Mill DARPR 5 1966 genance	Judge

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1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
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OR ATTENDI be retained IRECTOR: A e 3 should		he date stated above. ATE SIGNED
y be DIRE	David L. Logers M.D. ATTENDING MED. STAFF PHYS. ADDITIONS DIRECTOR PHYS. ADDITIONS DIRECTOR D	123,1966
PITAL RAL or, po	22c. PHYSICIAN'S NAME (Type) David L. Rogers 17/2 I St. N.W. Washingt	70
TO HOSPITAL OR ATTEND Page 4 may be retained TO FUNERAL DIRECTOR. 4 director, page 3 should should be filed with the		inty) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05600 CERTIFICATE OF DEATH funeral death. after death PLACE OF OEATH 1. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) the n. a. COUNTY a. STATE b. COUNTY Pages 1 urs after MARYLANO modiBomERY b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by bon papers. Pag within 72 hours write RURAL and give nearest town) hours 三 31205 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 24 ON A FARM? 655 and completely fremove carbon por YES NO 3. NAME OF First Middle DATE Last 4. Month Day Year DECEASED ar. (Type or print) **OEATH** 19 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Days Hours WIDOWED OIVORCED [physician an please reval, and in Ξ 10a. USUAL OCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, of foreign country) death certificate be during most of working life, even if retired) INOUSTRY ounty Government ity Manager penn 13. FATHER'S NAME attending phy srmit. Then p n, or removal, 14. MOTHER'S MAIDEN NAME George W. Nottsker Anna M. Fogelsonger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? the attent 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) daevale Bill Seeger burial-transit perr burial, cremation, Maruland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. signed l IMMEDIATE CAUSE (a) **OUE TO** Conditions, If any, which (b) peen gave rise to Immediate the ro **OUE TO** cause (a), stating the as th uaus, underlying cause last. TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X 20a. ACCIDENT WAS UNDERLYING OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. at work 1966 to 21. I certify that (I) (this hospital) attended the deceased from 1966, that (II) (we) last and that death occurred at 3 13 A M, from the causes and on the date stated above. 1966 saw the deceased alive on. SIGNATURE DATE SIGNED 22h. ATTENOING MEO. STAFF OIRECTOR M.O. PHYS. Раде 4 may PHYSICIAN'S 22d. AOORESS SPRING SILVER COLUMBIA BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) LUZCU PR 2 2 1966 APDRESS 25b REGISTRAD'S SIGNATURE 66 VR A15 (4) 20M 1/65

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Page 4 may be ro FUNERAL DIR director, page should be filed	232	REMOVAL (Specify)	23c. NAME OF CEMETERY	Y OR CREMATORY 23d. LOC	ATION (City, town or cou	inty) (State)
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VR A15 (4)	24	FUNERAL DIRECTOR ROBert A. Pumphre	ey Bethesda,	Md. APR 21 19	66 Charles	Judge
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he K	After this ce d be detached State Dept.	i	MEDICAL	20c. TIME OF Hour a.i	n.	n, Day, Year	r 20d. While at worl	- Not Wh		PLACI	E OF INJURY (Home, fa r, street, office bldg., e		City or town)	(Co	unty)	(State)
NDIN bed t	He Si		4	21. I certif	y that (M) (th	is hospital	l) attend	ed the deci	eased from	3 S	eptember, 1	965 , tol	1 April	, 19	66, tha	t (# (we) last
TTE	shot ith t			saw the de	ceased alive	on 11 .	April	19	66, and t	hat	death occurred at	2:10M, frb	n the causes	and on t	he date	stated above.
OR /	Be 3 ed w			22a. SIANATU	ent	5	B	your	~	M.O.	ATTENDING PHYS.	A.M. MED. DIRECTOR	STAFF X			1966
SPITAL 4 may	TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	1		22c. PHYSICIA NAME (T	N'S ype)		7	M T	35/3		22d. ADDRESS T	he Clin	ical Ce	nter,	Nat	ional
dosp ge 4	ecto buld		222	. BURIAL, CREM	RODE			m, M.I		EDV 4	Institute:		ATION (City,			(State)
TO HOSF	dir She			REMOVAL (Sp	ecify)	4/11										
	Prich			FUNERAL DIR	OTOD	hrey		these	RESS Ma:	rv?	emetery		nora, TRAR 25b.	REGISTRAR	'S SIGNA	TURE
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	10		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	IADVI AND
	- (M)	1	CERTIFICATE OF DEATH	5609
	funeral funeral r death.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: R 3. COUNTY 2. STATE 4. D. COUNTY 4. STATE	esidence before admission)
	order within 24 hours after death. comptete filled in by the funeral ve barbon papers. Pages 1 and 2 event, within 72 hours after death.	1	B. CITY OF TOWN (if outside corporate limits, write RURAL and also nearest town) a. STATE b. COUNTY MARYLAND c. CITY OF TOWN (if outside corporate limits, write RURAL and also nearest town)	and give nearest town)
	in by Pa	T	akoma Yerk 28 hrs. Takama Park	15-1
Ţ	24 hour filled in appers.	1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
		3.	NAME OF DECEASED OF FIRST MIDDLE AST A. DATE Month DECEASED	Day Year
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	ate be executed hysician and con please remove al, and in any evenue.	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER Months	Days Hours Min.
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	e be sicia lease and	\ N	ing most of working life, even if retired NDUSTRY Japan La	DUNTRY?
	ath certificate be execu attending physician and rmit. Then please remo n, or removal, and in any	13	FATHER'S NAME 14. MOTHER MAIDEN NAME	
	certi nding Th	15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	law requires that the death certificate be executed within attending physician. has been signed by the attending physician and comprete years the burial-transit permit. Then please remove earbon is prior to burial, cremation, or removal, and in any event, with	(Y	ss, no, or unknown) (If yes give war or dates of service) Hacoital Records	
	at the deat ian. d by the at ransit pern cremation,		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	ulres that the of physician. In signed by the burial-transit purial, crematin		PART I. DEATH WAS CAUSED BY: Week Coronary Justificiancy	
	thes the sign sign nurial urial		Conditions, If any, which DUE TO Coron any a theros clarases and	
	ding plans been the bor to b		gave rise to immediate cause (a), stating the DUE TO	
	aw re ttendii has be as th prior	N	underlying cause last. (c) They scan de at Smout fleurs of PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
	N: The lattal or attificate hor use the latth health h	CATIC	Palmonary Emphysema and Februsis	PERFORMED?
	A d L po	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18. (IF EITHER, NOTIFY MEDICAL EXAMINER))
	JING PHYSICI d by the hos After this ce d be detache State Dept.	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	enty) (State)
	ING PI I by th After 1 be do State	MED	p.m. 19 at work at work	
			//- /	that (I) (we) last
	e reta		22a. SIGNATURE 22b. D.	ATE SIGNED
	AL OR		M.D. PHYS. DIRECTOR PHYS. /	1/7/66
	TO HOSPITAL OR ATTENDING Page 4 may be retained by O FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State		NAME (Type) Richard H. Edenbaum mp 4700 Bradley Boulevard	Cherry Chase
	Pag Fo Fu dire shou	23	PEMOVAL (Specify) Man 11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	unty) (State)
		34	CHINERAL DIRECTOR ADDRESS AD	S SIGNATURE
	VR ¢15 (4) 20M 1/65	1	Within Walley, 254 Caeral M. W. UC DATEPR 11 1966 Johnson	es Judge

A CALOT TANDERS AND THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE P Talend Break State Taluman Back Washington done to make the property of the Helle Helle Helle to the state of the same of the THE RESTRICT OF THE PROPERTY NAMED IN THE PR Manuar (Kethad) Store ALLE STATE OF THE STATE OF THE

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PEACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Rasidence before edmission) e. COUNTY b. COUNTY the d AMERL MARYLAND 100T CITY OR OWN (if outside corporate limits, write KUBAL and give neerest town) c. CEN OR TOWN (If outside corporata limits, write RURAL and give neerest town) 0 c. LENGTH OF STAY IN 16 é an R50 N d. STREET ADDRESS e. IS RESIDENCE NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) ON A FARM? hours YES NO papers. completely NAME OF Middle 4. DATE Month Dev Yeer 72 DECEASED OF (Type or print) DEATH 1966 _ and cor 8. DATE OF BUTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdey) Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding ā Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) | (If yes give wer or detes of service) ig physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the underlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT GIVEN IN PART 1(e) 1 19. WAS AUTOPSY certificate CERTIFICATION 20e. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) for OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) ached 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, (County) (Steta) 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) fectory, street, office bldg., etc.) While Not While Hour am at work et work p.m. TOR saw the deceased alive on..... 22b. DATE 22a. SIGNATURE ATTENDING MED. STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. FUNERAL page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ector, 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REALDWAP ISSOCIETY) 35- BATE THEREOF 23d. LOCATION (City, town or county) (State) Barnesville, MIG . Zion. 0 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR' VR A15 (4) 15M 9/60

death certificate

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DEPARTMENT OF HEALTH

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17	1.	1	4	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
y		STATE		05613 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05611
	HEALTH	H DEP	T.	1. PLACE OF DEATH a. COUNTY a. COUNTY 1. PLACE OF DEATH DEATH 1. OUNTY 1. O
		٠.		Montgomery - MARYLAND a. STATE Maryland b. CDUNTY Montgomery
	funeral may be	Department after death.	-0	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	(I)	part er d		Silver Spring Silver Spring. 15-1
- (36 5 E	aft aft	00	d. NAME OF HDSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	d 3 Pag	State	-	606 Benington Drive - 606 Benington Drive - YES NO NO.
	y de	the 72 h		DECEASED THOUGHT DAY TEAT
	1,2 m	= =		5. SEX 6. COLOR OR RACE 7 MADDIED NEVED MADDIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR HE UNDER 24 HRS
	ges form	NE		Fe W - WIDDWED DIVORCED Oct. 26, 1924 All yrs. Months Days Hours Min.
	dea Pa /ith	and		10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
	Giv M	y e	H.	Housewife Own home Beaver Falls, Pa. U.S.
	18. alon	pages 1 in any		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	hou	File p		Richard L. Corsini Anna Sonjak
	124 in 1	-		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes pire war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 606 Bennington Drive
	ithin ncil	permit.		No None 234-32-1757 George Pappas Silver Spring, Maryland
	EXAMINER: This certificate should be executed within 24 hours after death. If any delay certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to could be forwarded to the Chief Medical Examiner's Office along with form PM3. Page	Ter Ter	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon Monoxide Poisiening INTERVAL BETWEEN ONSET AND DEATH
	P. C.	burial-transit cremation, or		IMMEDIATE CAUSE (a) ST 13011. TY ON OXICITE TO TSTOTICLES
	exe	al-tr		Conditions, If any, which
	Me Me	buri		geve rise to immediate cause (a), stating the DUE TO
	out ord hief	al,		underlying cause last. (c)
	te si	used as a to burial,		PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	きまま	to	0	YES NO
	iting	ld be	- 1	20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING COURSE DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CAUSE DEFENDANCE OF DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of Item 18.)
	his wr	hour ut,		
	for for	3 should agent, p		Hour am Annual While Not While of factory, street, office bldg., etc.)
	HIN THE	age		
	the cert	rnes. ror: P esigna		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection [X], Inquiry [X], and in my opinion death resulted from: Natural causes, Accident, Suicide [X], Homicide, Undetermined manner
-	the sla	des		CHIEF MEDICAL EXAMINER
	execute Page	DIRECTOR: r its design		SIGNATURE John & Bell M.D. ASSISTANT MEDICAL EXAMINER (22. DATE SIGNED
	exe F	NAL D	2	EXAMINER'S DEPUTY MEDICAL EXAMINER Q 4/16/66
	DEPUTY MED please execut director. Page	retained for your files. FUNERAL DIRECTOR: Page of Health or its designated	4	NAME (Type) Address (Street, city, town, or county) /
	o Die	O FL of h		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMDYAL (Specify) 20 April 1966 Arlington National Cem. Arlington Virginia
		-		24. FUNERAL DIRECTOR DE REGISTRAR 256 REC'D BY REGISTRAR 256 REGISTRAR SIGNATURE
	VR AI	15ME (5) 1/65		Warner E. Pumphrey, Inc. Silver Spring, Maryland R 22 1966 Charles Judge
	214/	1/00		



	1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA	ND
£.	M.	05614 CERTIFICATE OF DEATH (1)5	612
death.	funeral and 2 death.	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence be a. STATE b. COUNTY	fore admission
fter	the f	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. GITY OR TOWN (if outside corporate limits, write RURAL and give	nearest town
24 hours after	Pag Irs	SILVER SPRING WHITE RUBAL and give nearest town in the roll of SIAVIN IS WASHINGTON 47	, .
E S		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e.	IS RESIDENCE ON A FARM?
	pap hin j	HOLY CROSS HOSPITAL. 6200 OREGON AVE N.W. YES	
The law requires that the death certificate be executed within	etely rbon , wit	DEGEASED FIrst Middle Last 4. DATE Month Day	Year
ed v	e ca	(Type or print) DEATH DEATH FIG. SEX 6. GOLOR OR RAGE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years If UNDER 1 YEAR IF	19 66 UNDER 24 HRS
cecut	and any any		Hours Min.
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ate b	ysicia please I, and	housewife North Carolina U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
tifica	iding ph Then remova	John R. Eddins Mary Whitehurst	
cer	= :- e		a .
Jeath	ne atte permit ion, or	No ########## unknown Col. Chas. B. Payne 8107 Smithfiel	d Ave.
the	y th sit mat	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERV. ONSET	AL BETWEEN AND DEATH
hat	lcian led to l-tran l, cre	IMMEDIATE GAUSE (a) CARCINOTA IN LONGS,	
res	sign sign suria buria	Genditions, If any, which by PLEURAL EFFUSIONS	
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aw .	has as prio	underlying cause last.) (c) INLATION ARY HIELECTOSIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. When the part 1 is a significant condition of the par	AS AUTOPSY
The	ificate h for use Health	YES	ERFORMED?
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YSIC	the hosp this cer detached e Dept. o		(State)
ATTENDING PHYSICIAN:	by the office of the design of	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OGGURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work	19.6
NON	e E. e	21. I certify that (I) (this hospital) attended the deceased from	(i) (we) las
E	retain ECTOR: 3 shou with th	saw the deceased alive on 2 6 / 1966, and that death occurred at / 30 M, from the Gauses and on the date s	
80	ed v be	M.D. ATTENDING MED. STAFF DIRECTOR DIRE	66
0.	RAL r, pa	22c. PHYSIGIAN'S WALTER E- GOOTH 2390 GLENMONT CIR WHEN	MO
HOS	Page 4 I D FUNER director, should b	23a. BURIAL, GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR GREMATORY 23d. LOCATION (Gity, town or county)	(State)
2	200	Buria (Specify) 29 April 1966 Fairfax Memory Gardens Fairfax, Va. W. ADDRESS of the DC 258. REGID BY REGISTRAR 25b, REGISTRAR'S SIGNAT	URF
VE	R A15 (4)	Washington, DC 252. REGISTRAR 256, REGISTRAR'S SIGNAT Washington, DC 252. REGISTRAR 256, REGISTRAR'S SIGNAT WASHINGTON, N. WASHINGTON, DC 252. REGISTRAR 256, REGISTRAR'S SIGNAT	til.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 9 a. COUNTY b. COUNTY after the MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) by the write RURAL end give nearest town) hours 10 n5/19 .= d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled papers. e. IS RESIDENCE d. STREET ADORESS within 72 ON A FARM? otomA NO X YES letely carbon NAME OF DATE Middle Last Day DECEASED OF DEATH event. compl (Type or print) 19 AGE (In yeers | IF UNOER 1 YEAR | IF UNOER 24 HRS. | last birthday) | Months | Deys | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH emove 7. MARRIEO NEVER MARRIEO in any and DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR (County & State, or fareign country) 12. CITIZEN OF WHAT attending physician rmit. Then please COUNTRYS during most of working life, even if retired) INDUSTRY and 10000 removal. MOTHER'S MAIDEN NAME in signed by the attend burial-transit permit. burial, cremation, or re 15. WAS OECEASED EVER IN U.S. ARMEO FORCES? INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknwn) (If yes give war or dates of service) INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If eny, which been gave rise to immediate the r OUE TO cause (a), stating as th underlying cause last, ofter this certificate has be detached for use as State Dept. of Health prior (c) CERTIFICATION 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO-TO YES 20a. ACCIDENT WAS UNDERLYING 17 DESCRIBE HOW INJURY OCCURRED, (Enter neture of injury in Part 1 or Part II of Item 18.) 20b. OR CONTRIBUTING CAUSE OF OF ATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TO FUNERAL DIRECTOR: After this director, page 3 should be detacl should be filed with the State Depi MEDICAL (Stete) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While be retained by at work at work 1966 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 1 28 M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNEO 22a. SIGNATURE director, page 3 should be filed v ATTENDING PHYS. MEO. DIRECTOR M.D. PHYS. Page 4 may PHYSICIAN'S NAME (Type) 22d. ADDRESS (State) BURIAL, CREMATION. 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) REC'D BY REGISTRAR TUNERAL DIRECTOR ADDRESS 25b. 1966 VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 115614 15616 within 24 haurs after death tampletely filled in by the funeral love carban papers. Pages I and iy event, within 72 hours after deat 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY o. Staryland b. COUNTY HOWard Montgomery MARYLAND b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) write RURAL and give nearest town) 26days Dayton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Montgomery General Hospital YES NO IX NAME OF First Middle 4. DATE Last Month Dov Year DECEASED (Type ar print) 4-29-66 Elwood George Phelps 19 DEATH PHYSICIAN: The law requires that the death certificate be executed S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED the attending physician and cam sit permit. Then please remove Jast birthdoy) Months Doys Haurs Male white 2-5-11 WIDOWED DIVORCED in any 11. BIRTHPLACE (Caunty & State, ar foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY COUNTRY? Wash, Sub, San, Com. Maryland 14. MOTHER'S MAIDEN NAME water plant operator TISA 13. FATHER'S NAME remaval, Lewis A. Phelps Mary E. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give wor or dates of service) 218-12-7376 Hospital Admission Record 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN burial-transit p onset and death month PART I. DEATH WAS CAUSED BY: Cachexia IMMEDIATE CAUSE (a). þ be retained by the haspital or attending physician. DUF TO signed I Bronchogenic carcinoma with metastases year Conditions, if ony, which gave rise to immediate couse (a), to spine, brain, liver, and kidneys DUE TO stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending to FUNERAL DIRECTOR: After this certificate has been far use as the priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) YES 🗀 NO X 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or tawn) (County) (State) Hour o.m. factory, street, office bldg., etc.) Not While shauld be 4-29- , 1966, that (1) (we) last 10-18-146 ta 4-28 19 66, and that death accurred at 30AM, fram causes and an the date stated abave. saw the deceased alive an. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. 11-29-66 DIRECTOR directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Charles S. Whitaker. M. D Clarksville, Maryland 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
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ARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 05622 05625PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) o. COUNTY b. COUNTY Virginia Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) Bethesda (rural) Arlington 32 days d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 3561 South Stafford Street U.S. Naval Hospital NO X

3. NAME OF First Middle Last 4. DATE Manth Day Year DECEASED OF DEATH REYNOLDS April Frank Faries 11 19 (Type ar print) IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED TO NEVER MARRIED last birthdoy) Oct. 29, 1890 Male Cauc WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired) INDUSTRY COUNTRY? Clayton, Delaware 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Frank Lincoln Reynolds Laura Faries St. Arliamston, Va. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes no of unknown) (If yes give war of dates of service) Mrs. Clarita C. Reynolds, 3561 S. Stafford/ 46 7995 INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Bronchogenic carcinoma with metastases IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Nat While at work at work

(Stote) 21. I certify that \$1) (this haspital) attended the deceased fram March 10 , 1966, to April 11 , 1966, that A) (we) last saw the deceased alive an April 17 19 66, and that death accurred at 1034PM, fram causes and an the date stated above 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. ATTENDING April 12, 1966 22d. ADDRESS NAME (Type) Francis C. Johnson, M. D. U. S. Naval Hospital, Bethesda, Md. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Washington, D. C. Lees Crematory uneral Home, 520 South Washington St 2So. REC'D BY REGISTRAR 25b PEGISTRAR'S SIGNATURE 24. FUNERAL-DIRECTOR Charles Alexandria, Va

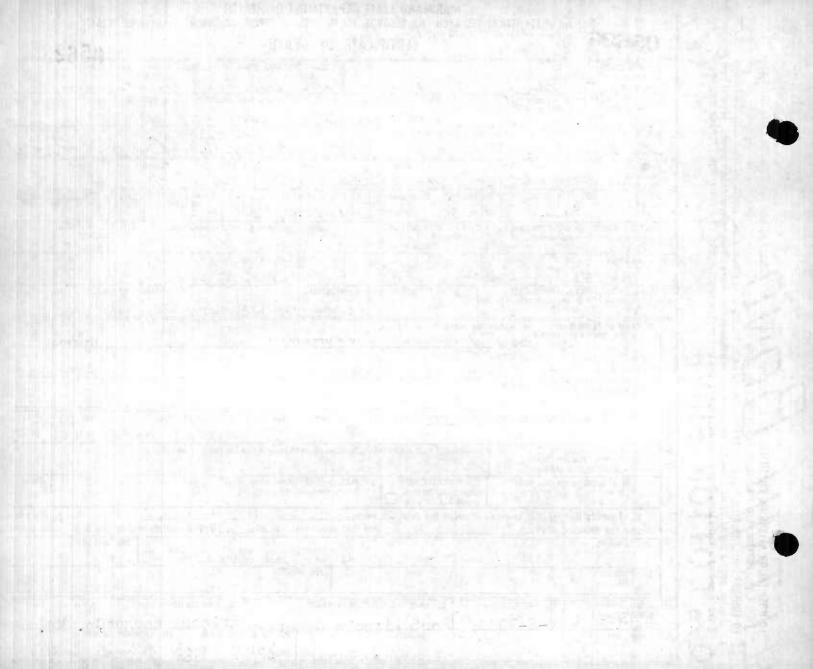
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05626 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 mours after death death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE haurs after montgomery MARYLAND montgomen b. CITY OR TOWN HI gutside corporate lim c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town) Chase papers. d. NAMP OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within 72 filled i YES NO X NAME OF carban First Middle DATE Lost Dov Year campletely DECEASED OF DEATH (Type or print) S. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED DATE OF BIRTH AGE (In years NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY ? A. physician nen please ario none ETIRED 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remava 15. WAS DECEASED EVER IN U.S. ARMED FORCES? WASHINGTON DC 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) burial, crematian, ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) / ERMINAL PNEUMONIA signed by **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUF TO Conditions, if ony, which gove 16) ARTERIOSCEROSIS ATHYROID TUMOR RADVAL rise to immediate couse (a), DUE TO stoting the underlying couse director, page 3 should be detached for use us me should be filed with the State Dept. of Health prior to FUNERAL DIRECTOR: After this certificate has been 421 1ABETES MELLI TO. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. While Not While foctory, street, office bldg., etc.) of work 21. I certify that (I) (this haspital) attended the deceased fram. . 1966, that (1) (we) last JUNG 1956 to APRIL , and that death accurred at 6 120 M, from causes and an the date stated above. saw the deceased alive an 4 19 66 22o. SIGNATURE STAFF M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS WISCONSIN DONOVAW NAME (Type) MARY LAND 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) Burial Prince 0 1966 Fort. Lincoln GeorgesCo 24 EUNERAL DIRECTOR REC'B BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Charles DATE PR HAHING TON



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE T. MARYLAND 15628 CERTIFICATE OF DEATH funeral death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE after Montgomery the afte Maryland MARYLAND Washington by the b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours Gaithersburg 1 Month Hagerstown .⊑ Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Pleasant View Nursing Home Bethel Street NO S YES _ completely 1 executed within NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF (Type or print) David Lewis Robinson DEATH 19 66 April 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) and c Months Days Hours any Male Colored Sept WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) physician n please r .5 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT HoteI death certificate be and Martinsburg W. Va removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David H. Robinson Sallie E. Banks 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT been signed by the atten the burial-transit permit. or to burial, cremation, or no Mrs. Genevieve R. McClain -40-9561 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **OR ATTENDING PHYSICIAN:** The law requires that the retained by the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gave rise to immediate this certificate has bee detached for use as the te Dept. of Health prior to DUE TO cause (a), stating the underlying cause last, CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED WAS AUTOPSY TO THE TERMINAL DISEASE CONDICION GIVEN IN PART 1(a) PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) CAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 9 Hour a.m. MEDI After Id be d Not While at work at work p.m. director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from 19 C and that death occurred at 8 10 M, from the causes and on the date stated above saw the deceased alive on 7 22a. SIGNATURE 22b. DATE SIGNED STAFF ATTENDING Page 4 may 1 M.D. PHYS. DIRECTOR PHYS. PHYSICIAN'S 22d. **ADDRESS** NAME (Type) (State) BURIAL, CREMATION, 23b, DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Buria] Md. 4-28-1966 Cemeterv Rose Hill FUNERAL DIRECTOR ADDRESS REC'D BY 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05630 CERTIFICATE OF DEATH funeral and 2 and 2 death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY within 72 hours after Montgomery Pennsylvania MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 182 days Elkins Park Bethesda .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled papers. e. IS RESIDENCE ON A FARM? d. STREET ADDRESS The Clinical Center, Bethesda, Maryland 841 Jenkintown NO X YES completely executed within carbon 3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) Alexander Rosenfeld DEATH April 19 66 Morton 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH last birthday) Davs Months Hours Male White WIDOWED OIVORCED 10 January 1923 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) physician certificate be COUNTRY? and Metal stand company Connecticut Sales Manager USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending parmit. Then Sarah Marcus Samuel Rosenfeld 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANThe Medical Record 16. SOCIAL SECURITY NO. permit. 50 death (Yes, no, or unkown) (If yes give war or dates of service) 1941-45 cremation, Unascertainable The Clinical Center, Bethesda, Md. 2001/ the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN burial-transit burial, cremat ONSET AND DEATH g PART I. DEATH WAS CAUSED BY: Pericarditis and myocarditis IMMEDIATE CAUSE (a) been signed PHEXTO Bilateral pneumonitis 10 days Conditions, If any, which (b) gave rise to immediate the r DUE TO cause (a), stating Acute myelogenous leukemia 13 months underlying cause last. this certificate has as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use PERFORMED? YES X NO T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) of detached I be detached State Dept. (MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After While Not While retained by at work at work should TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that 04 (this hospital) attended the deceased from 13 October, 1965, to 13 April, 1966, that 10 (we) last the 19 66, and that death occurred at 1245M, from the causes and on the date stated above. 13 April saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. 20 non M.D. 14 April 1966 DIRECTOR 4 may PHYSICIAN'S 22c. Clinical Center, National NAME (Type) of Health, Bethesda, Maryland 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. REMOVAL (Specify) 5 Bucks FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 9"ST. WASh. D.C. VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5633 CERTIFICATE OF DEATH death. funera and death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a_COUNTY b. COUNTY Pages 1 urs after MARYLAND after MARYLAND b. CITY OR TOWN of outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Page paners. Page pin 72 hours hours SILVER SPRING d. NAME OF HOSPITAL OR INSTITUTION AT not in hospital, give street eddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS n and completely fille remove Carbon pape if any event, within 7 3938 LANTERN DRIVE NO YES NAME DE 3. Middie Last DATE Month Day Year DECEASED (Type or print) DEATH 19 executed SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 9. last birthday) Months Davs Hours 8/31/1894 WIDOWED DIVORCED [10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY physician n please p 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) certificate be CDUNTRY? AT HOME HOUSEWIFE BALTIMORE. MARYLAND LISA 13. FATHER'S NAME attending pur removal, 14. MOTHER'S MAIDEN NAME LOUIS JACOBS ROSE PRICE signed by the attend burial-transit permit. burial, cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 3938 TANTERN DRIVE SILVER SPRING, MD 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) MR. ABRAHAM CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) been signed the burial-tr or to burial, c DUE TO Conditions, If any, which (b) rise to immediate DUE TD cause (a), stating 105 CLGK 0515 underlying cause last. 38 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY certificate h thed for use of. of Health p PERFORMED? YES NO.P the hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert 1 or Part 11 of Item 18.) this cert letached Dept. CAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While After retained by p.m. at work at work should ith the D 21. I certify that (I) (this-hospital) attended the deceased from that (I) (we) last DIRECTOR: age 3 should lied with the and that death occurred at . M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DAPE SIGNED pe director, page should be filed MED. DIRECTOR STAFF M.D. PHYS. Page 4 may FUNERAL PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type) 23d LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 2 JEWISH WAR ROSEDALE, MARYLAND 4/28/66 FUNERAL DIRECTOR **ADDRESS** REC'D BY REGISTRAR I 25b REGISTRAR'S SIGNATURE 25a. BROS. INC. 6010 REISTERSTOWN ROAD

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH)5634 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY b. CITY OR TOWN (If outside corparate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (It outside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tow 15. e. IS RESIDENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION d. STREET ADDRESS (If not in hospital, give street oddress) YES NO 4 NAME OF Middle DATE Month Doy Year DECEASED OF DEATH 21 (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Noug 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. opunknown) (If yes give wor or dotes of service Mr. George Giller Same as 2 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: CORONARY IMMEDIATE CAUSE (a) DUE TO EROTIC CARDIOVASCULAR DUE TO WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) (City or town) 20e. PLACE OF INJURY (Home, form, (County) (Stote) 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While 19 of work ot work 22b. DATE SIGNED

requires that the death certificate buriol, cremotian, or removol, signed by the burial-tronsit p Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse has been director, page 3 should be detached for use as the should be filed with the Stote Dept. of Heolth prior ta PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 22o. SIGNATURE ATTENDING M.D. 22d. ADDRESS 77.33 ALASK4 22c. PHYSICIANS NIC RICHMAR NAME (Type) LIASMANGERON 20012 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify)

4-27-1966

VR A15 (4) 20 M 1/66

executed within 24 hours after death

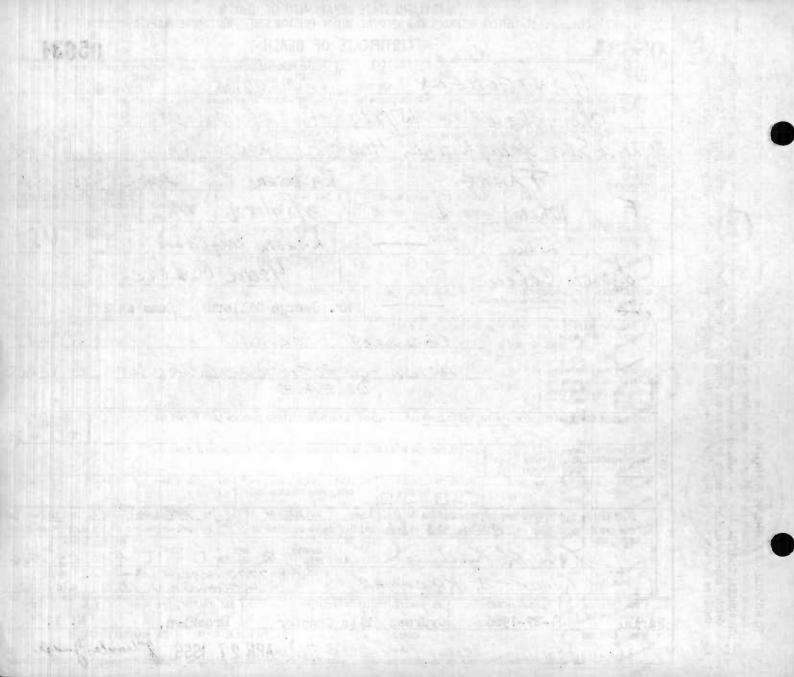
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completely filled in

Cypress Hills Cemetery Brooklyn. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR



punitum Aromotium Aromotium F.9.70131101-58 days Sethesda . 47 . 3. 3 The Clinical Center, Bethesda, in. 20014 - 5212 Dankery Road Jane Karker Jussell April X Fomnie White 12 42 Houseville - - - Vone . . - Communication denjamin Parker 3137 3318 61 The Medical Macord Not Arallello The Clinical Center, Rethords, Ld. 20014 y balla saubing many disadirana dik minamang leresalik L. U.S. S. Pinekga: Eloneng lyge ofton February 23 00 4 April 22 00 - 4 عن بعدا المحادي المحا THE TAX OF THE PARTY OF THE PAR The state of the s

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